

# MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM FY-2005 APPLICATION: FORM A – PROJECT PROFILE (page 1 of 3)

| 1. Applicant Identification                      |                       |                            |                  |                 |
|--|-----------------------|----------------------------|------------------|-----------------|
| A. NAME (CITY OR COUNTY):                        |                       |                            |                  |                 |
| B. MAILING ADDRESS:                              |                       |                            |                  |                 |
| C. CITY, STATE, ZIP CODE:                        |                       |                            |                  |                 |
| D. CHIEF OFFICIAL OF (A):                        |                       |                            | E. TITLE OF      | (D):            |
| F. TELEPHONE OF (D):                             |                       | G. FAX OF (D):             |                  |                 |
| H. FISCAL YEAR END OF (A):                       |                       |                            |                  |                 |
| I. IF MULTIJURISDICTIONAL, INCLUDE NAME, ADDRESS | , & PHONE OF OTHER AP | PLICANTS (Use additional s | heet if necessal | y):             |
| 2. Application Preparer                          |                       |                            |                  |                 |
| A. NAME:   |                       |                            |                  |                 |
| B. MAILING ADDRESS:                              |                       |                            |                  |                 |
| C. CITY, STATE, ZIP CODE:                        |                       |                            |                  |                 |
| D. NAME OF AGENCY:                               |                       |                            |                  |                 |
| E. TELEPHONE:                                    |                       | F. FAX:                    |                  |                 |
| 3. Sub-Applicant Identification (applications    | on behalf of specia   | I districts or non-pro     | fit agencies     | s)              |
| A. NAME (ENTITY):                                |                       |                            |                  |                 |
| B. MAILING ADDRESS:                              |                       |                            |                  |                 |
| C. CITY:   |                       |                            |                  |                 |
| D. CHIEF OFFICIAL OF (A):                        |                       |                            |                  |                 |
| E. TITLE OF (D):                                 |                       |                            |                  |                 |
| F. TELEPHONE OF (D):                             |                       | G. FAX:                    |                  |                 |
| 4. Other Information for Reporting Purposes      | 5                     |                            |                  |                 |
| A. 2000 POPULATION OF 1A:                        |                       |                            |                  |                 |
| B. STATE REPRESENTATIVE & DISTRICT NUMBER:       |                       |                            |                  |                 |
| C. STATE SENATOR AND DISTRICT NUMBER:            |                       |                            |                  |                 |
| D. ZIP CODE OF APPLICANT AND/OR PROJECT BENEFIC  | CIARIES:              |                            |                  | E. COUNTY:      |
| 5. Project Type (mark one)                       |                       |                            |                  |                 |
| ☐ BRIDGES, STREETS, AND DRAINAGE                 | COMMUNITY FACIL       | ITIES                      |                  |                 |
| ☐ MICROENTERPRISE                                | DOWNTOWN REVI         | TALIZATION                 |                  |                 |
| ☐ WATER/WASTEWATER                               | PLANNING              |                            |                  |                 |
| OTHER PUBLIC NEEDS . ADA                         | NEIGHBORHOOD D        | EVELOPMENT (□Target        | ted Area 🔲 D     | emolition Only) |
| ☐ ENGINEERING FEASIBILITY STUDY                  | engineering fac       | ILITY PLANS/PLANS AND S    | SPECIFICATION    | 18              |
| OPEN CYCLE HOUSING                               | RURAL AFFORDABI       | E HOUSING REP              |                  |                 |

### FY-2005 APPLICATION: FORM A – PROJECT PROFILE (page 2 of 3)

| 6. Project Beneficiaries              |  |                           |  |  |  |  |  |
|---------------------------------------|--|---------------------------|--|--|--|--|--|
| A. NUMBER OF PERSONS SERVED BY        | PROJECT:   |                           |  |  |  |  |  |
| B: NUMBER OF FAMILIES SERVED BY F     | PROJECT:   |                           |  |  |  |  |  |
| C: % LMI PERSONS OF PROPOSED PROJECT: |  |                           |  |  |  |  |  |
| D. % LMI FAMILIES OF THE PROPOSED     | D. % LMI FAMILIES OF THE PROPOSED PROJECT:                                 |                           |  |  |  |  |  |
| 7. National Objective                 |  |                           |  |  |  |  |  |
| LOW AND MODERATE INCOME (LN           | /II) (51% - 100%)  |                           |  |  |  |  |  |
| ELIMINATION OF SLUM AND BLIGH         | -<br><del>1</del> T  |                           |  |  |  |  |  |
| 8. If LMI National Objective:         |  |                           |  |  |  |  |  |
| ☐ AREA-WIDE BENEFIT                   |  |                           |  |  |  |  |  |
| TARGET AREA BENEFIT                   |  |                           |  |  |  |  |  |
| 9. If LMI National Objective:         |  |                           |  |  |  |  |  |
|                                       | IF SURVEY DATA, COMPLETE THE FOLLOWING:                                    |                           |  |  |  |  |  |
| ☐ census                              | A. DATE OF SURVEY:   |                           |  |  |  |  |  |
| LIMITED CLIENTELE                     | B. NUMBER SOLICITED (MUST BE 100%):  |                           |  |  |  |  |  |
| JOB CREATION                          | C. NUMBER RETURNED:  |                           |  |  |  |  |  |
| - JOB CREATION                        | D. PERCENT OF RETURN (C/B):  | (MUST BE AT<br>LEAST 80%) |  |  |  |  |  |
| 10. Cost Data                         |  |                           |  |  |  |  |  |
| A. CDBG FUNDS REQUESTED:              |  |                           |  |  |  |  |  |
| B. LOCAL CASH FUNDS:                  |  |                           |  |  |  |  |  |
| C. LOCAL IN-KIND FUNDS:               |  |                           |  |  |  |  |  |
| D. OTHER STATE/FEDERAL FUNDS:         |  |                           |  |  |  |  |  |
| E. PRIVATE FUNDS                      |  |                           |  |  |  |  |  |
| F. TOTAL PROJECT COST:                |  |                           |  |  |  |  |  |
| 11. Floodplain                        |  |                           |  |  |  |  |  |
| A. DOES THE PROPOSED PROJECT, O       | R ANY PORTION THEREOF, LIE WITHIN THE BOUNDARIES OF THE 100 YEAR FLOODPLAI | N? Yes No                 |  |  |  |  |  |
| B. DOES THE COMMUNITY PARTICIPAT      | TE IN THE NATIONAL FLOOD INSURANCE PROGRAM?  Yes No                        |                           |  |  |  |  |  |
| C. IS THE COMMUNITY IN GOOD STAN      | DING WITH THE NATIONAL FLOOD INSURANCE PROGRAM? Yes No                     |                           |  |  |  |  |  |

### FY-2005 APPLICATION: FORM A – PROJECT PROFILE (page 3 of 3)

| 12. Project Description  |
|--|
| In the space below, provide a brief description of the need(s) of the project and the proposed actions to address the need(s). Do not exceed this page. This page will be provided to the media and your elected state and federal legislators for informational purposes. |
| A. APPLICANT:  |
| B. PROJECT TITLE:  |
| C. GEOGRAPHICAL AREA OF PROJECT (INDICATE GENERAL BOUNDARIES, UNLESS THE PROJECT BENEFITS THE APPLICANT'S ENTIRE JURISDICTION):  |
| D. DESCRIPTION OF NEED(S) AND PROJECT IMPACT:  |
| E. DESCRIPTION OF PROPOSED ACTIONS TO ADDRESS THE NEED(S) – BE SPECIFIC:   |
|  |

DO NOT EXCEED THIS PAGE



# MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM FY-2005 APPLICATION: FORM B – COST SUMMARY

| I. PUBLIC FACILITIES ACTIVITIES, INCLUDING MICROENTERPRISE AND DOWNTOWN REVITALIZATION (FROM THE LIST IN THE CDBG GUIDELINES): | B. CDBG<br>FUNDS | C. APPLICANT'S<br>CASH FUNDS<br>(INCLUDES LOANS) | D. APPLICANT'S<br>NON-CASH<br>RESOURCES<br>(IN-KIND) | E. OTHER<br>STATE/ FEDERAL<br>AGENCY GRANT<br>FUNDS | F. PRIVATE<br>(CASH) FUNDS | G. TOTAL |
|--|------------------|--|--|---|----------------------------|----------|
| 1.   |                  |  |  |   |                            |          |
| 2.   |                  |  |  |   |                            |          |
| 3.   |                  |  |  |   |                            |          |
| 4. PROPERTY ACQUISITION (INCLUDING EASEMENTS)  |                  |  |  |   |                            |          |
| 5. SUBTOTAL OF PUBLIC FACILITY ACTIVITIES  |                  |  |  |   |                            |          |
| 6. ENGINEERING DESIGN/ARCHITECTURAL DESIGN   |                  |  |  |   |                            |          |
| 7. CONSTRUCTION INSPECTION   |                  |  |  |   |                            |          |
| 8. OTHER PROFESSIONAL SERVICES (EXCEPT LEGAL)*   |                  |  |  |   |                            |          |
| 9. TOTAL PUBLIC FACILITY ACTIVITIES  |                  |  |  |   |                            |          |
| II. HOUSING OR DOWNTOWN REVITALIZATION ACTIVITIES  |                  |  |  |   |                            |          |
| 1. HOUSING REHABILITATION  |                  |  |  |   |                            |          |
| 2. LEAD RISK ASSESSMENT/ASBESTOS INSPECTION  |                  |  |  |   |                            |          |
| 3. RELOCATION  |                  |  |  |   |                            |          |
| 4. SUBSTANTIAL RECONSTRUCTION/ = NEW CONSTRUCTION ON SAME LOT  |                  |  |  |   |                            |          |
| 5. DEMOLITION/CLEARANCE  |                  |  |  |   |                            |          |
| 6. PROPERTY ACQUISITION  |                  |  |  |   |                            |          |
| 7. HOUSING & DEMOLITION NSPECTION/RELOCATION MANAGEMENT  |                  |  |  |   |                            |          |
| 8. SUPPORTIVE SERVICES (DEFINED)   |                  |  |  |   |                            |          |
| 9. HOMEOWNERSHIP ASSISTANCE TO PURCHASE EXISTING OR NEW HOMES  |                  |  |  |   |                            |          |
| 10. TOTAL HOUSING ACTIVITIES   |                  |  |  |   |                            |          |
| III. ADMINISTRATION  |                  |  |  |   |                            |          |
| 1. CDBG GRANT ADMINISTRATION   |                  |  |  |   |                            |          |
| 2. LEGAL EXPENSES**  |                  |  |  |   |                            |          |
| 3. TOTAL ADMINISTRATION  |                  |  |  |   |                            |          |
| IV. TOTAL ALL ACTIVITIES   |                  |  |  |   |                            |          |

\*EXPLAIN WHY AND WHAT OTHER PROFESSIONAL SERVICES ARE REQUIRED FOR THIS PROJECT:

<sup>\*\*</sup>HISTORICALLY, LEGAL EXPENSES HAVE NOT BEEN NEEDED TO COMPLETE A BLOCK GRANT. IF INCLUDED, PROVIDE EXPLANATION OF NEED FOR THESE EXPENSES:

### **FY-2005 APPLICATION – FORM B INSTRUCTIONS**

- 1. Public Facility/Public Project Activities (Line I-1 I-3): Identify each public facility/public project activity (from the list in the guidelines), regardless of the funding source. Detailed cost breakdowns should be provided in the engineering report, and not in this section. These cost estimates must agree with those identified in the engineering report. The acquisition involved in a public facility/public project activity may include the purchase price, appraisal cost, title fees, recording fees and closing costs.
- 2. Engineering Design, Construction Inspection, Other Professional Services (Line I-6, I-7, and I-8): CDBG may pay for engineering design and inspection for CDBG construction cost only. The engineering design fee chart is included in the guidelines. Construction inspection is limited to 75% of the amount indicated for engineering design. Special services, such as borings and surveys, if not included in design costs, must be separately identified under "other professional services". Contingencies are not an allowable line item.
- 3. **Housing Activities** (Lines II-1 II-10): Housing activities must be at least 40% of the **total** cost of a neighborhood development project, excluding Section III.
- 4. Housing Rehabilitation (Line II -1): This activity must include funds for housing rehabilitation and for Lead Paint Reduction. The maximum average amount of funds for housing rehabilitation is \$15,000 for houses with no lead hazard reduction activities and \$21,000 for houses proposed with lead hazard reduction activities. CDBG funds for lead hazard reduction coincidental to rehab for all pre-1978 units must not exceed \$6,000 to meet DED's HQS.
- 5. **Lead Hazard Evaluation** (Line II-2) This line item only includes funds for lead risk assessments. CDBG funds for this activity are limited to \$600 per unit. The applicant city or county may exceed the \$600 limit with their matching funds. All units proposed for rehabilitation that were constructed prior to 1978 must have a lead risk assessment.
- 6. **Substantial Reconstruction/New Construction** (Line II-4): New construction on the same lot undertaken as a part of this line item has a maximum per unit cost of up to \$15,000.
- 7. **Demolition/Clearance** (Line II-5): Units must not be feasible to rehabilitate if CDBG funds are used for demolition, or unit may fall under the grantee's dangerous building ordinance.
- 8. Housing Inspection/Relocation Management (Line II-7): Limited to a maximum of \$850 per unit.
- 9. Supportive Services (Line II-8): All Neighborhood Development applications must include home maintenance and financial counseling. An applicant may include additional activities that support long term self-sufficiency for the residents in the neighborhood such as: childcare, transportation assistance, crime control, other counseling, etc. Costs should be based on the number of residents needing the specific type of service proposed at generally acceptable rates.
- 10. **Homeownership Assistance** (Line II-9): Home ownership assistance for existing homes has a maximum limit of up to \$5,000 for up to 100% of the closing costs and up to 50% of the down payment on a house. For newly constructed homes, the limit is up to \$15,000 for up to 100% of the closing costs and up to 50% of the down payment.
- 11. CDBG Administration (Line III-1): This column is only for those costs necessary to administer the CDBG portion of the project. See the guidelines section for maximum administration amounts in any CDBG category.
- 12. Applicant's Cash and Non-cash (In-Kind) Resources (columns b and c): Applicant's cash resources include any funds provided from a city, county, special district, or other local public entity in which the funds will be used to complete the project including debt (bond, RD loan, other loans). Non-cash (in-kind) resources include existing materials or employees to complete part of the project, or designating existing employees to perform legal, engineering or administrative work related to the project. Activities or funds obligated prior to award of CDBG grant may not be included as cash match, except for costs associated with CDBG application preparation and the preliminary engineering report.
- 13. Private Funds (column f): Include in this column any private funds that are being provided to the project, including funds for improvements by property owners for housing rehabilitation. Do not include non-cash/in-kind match from private sources. Letters of commitment from private sources for cash match must be submitted with the application to support the total amount in column f. Letters must contain a specific amount based on the rating of that specific unit.



# MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

FY-2005 APPLICATION: FORM C - LOCAL EFFORT (page 1 of 2)

| BLOCK 1: Taxes  | (must be completed b | y the applicant re  | nardless of the tvi | ne of application) |
|-----------------|----------------------|---------------------|---------------------|--------------------|
| DECOIL I. Takes | (must be completed t | y the applicant, is | garaicoo or the ty  | Je of application, |

| TAX TYPE                   | A. TAX RATE        | B. ACTUAL REVENUES<br>RECEIVED IN 2004 OR LAST<br>FISCAL YEAR |
|----------------------------|--------------------|---|
| 1. SALES                   | %                  | \$  |
| 2. PROPERTY TAXES          | \$<br>PER 100 A.V. | \$  |
| 3. OTHER TAXES             | %                  | \$  |
| 4. ELECTRIC FRANCHISE      | %                  | \$  |
| 5. GAS FRANCHISE           | %                  | \$  |
| 6. OTHER FRANCHISE         | %                  | \$  |
| 7. 2004 ASSESSED VALUATION | %                  | \$  |

### BLOCK 2: User Fees (Must be completed by all applicants or sub-applicants – whoever owns the facility) In the case of multiple facilities, complete Block 2 for all involved.

| A. WATER | B. SEWER | C. DESCRIPTION   |
|----------|----------|--|
|          |          | 1. NUMBER OF RESIDENTIAL USERS   |
|          |          | 2. NUMBER OF NON-RESIDENTIAL USES  |
|          |          | 3. CURRENT MONTHLY RESIDENTIAL CHARGE FOR 5,000 GALLONS USED*              |
|          |          | 4. IF INCREASE PROPOSED, MONTHLY RESIDENTIAL CHARGE FOR 5,000 GALLONS USED |
|          |          | 5. TOTAL REVENUES RECEIVED IN 2003 OR LAST COMPLETE FISCAL YEAR*           |
|          |          | 6. MONTH AND YEAR OF LAST RATE INCREASE                                    |

\*IF NEW SYSTEM IS PROPOSED, THESE COSTS AND REVENUES **MUST BE PROVIDED** BASED ON PROJECTIONS FOR THE FIRST YEAR'S OPERATION.

**NOTE:** IF THE NUMBER OF RESIDENTIAL USERS DOES NOT MATCH THE BENEFICIARIES LISTED ON FORM A, QUESTION 6(B), please explain:

FY-2005 APPLICATION: FORM C – LOCAL EFFORT (page 2 of 2)

| BLOCK 3: Budget Data (Must be completed for all project                    | ts by applicant,   | , sub-applican | t, or other mu   | lti-jurisdictional     | applicant, a   | s applicable)      |                        |             |  |
|--|--------------------|----------------|------------------|------------------------|----------------|--------------------|------------------------|-------------|--|
| Budget for,,   | to                 |                | ,                | . Adopted on           |                |                    |                        |             |  |
| (month) (year)   | (m                 | nonth)         | (year)           |                        |                | of adoption or lat | test amendment         | <u>:)</u>   |  |
| A. DESCRIPTION   | B. GENERAL<br>FUND | C. WATER FUND  | D. SEWER<br>FUND | E. ELECTRIC FUND       | F. GAS<br>FUND | G                  | H                      | I. TOTAL    |  |
| 1. PREVIOUS YEAR BALANCE (PLUS ALL INVESTMENTS)                            |                    |                |                  |                        |                |                    |                        |             |  |
| 2. REVENUES  |                    |                |                  |                        |                |                    |                        |             |  |
| 3. TRANSFERS IN FROM OTHER FUNDS   |                    |                |                  |                        |                |                    |                        |             |  |
| 4. EXPENDITURES  |                    |                |                  |                        |                |                    |                        |             |  |
| 5. TRANSFERS OUT TO OTHER FUNDS  |                    |                |                  |                        |                |                    |                        |             |  |
| 6. 16% CONTINGENCY ALLOWANCE<br>(16% MULTIPLIED BY EXPENDITURES)           |                    |                |                  |                        |                |                    |                        |             |  |
| 7. BALANCE (1+2+3) – (4+5+6)   |                    |                |                  |                        |                |                    |                        | -           |  |
| PROVIDE EXPLANATION OF ANY FUNDS INCLUDED IN THE BU PROJECT:               |                    |                |                  | ((1201110122710        |                |                    |                        | .0. 0025    |  |
| PROVIDE EXPLANATION OF ANY NEGATIVE BALANCE:                               |                    |                |                  |                        |                |                    |                        |             |  |
| BLOCK 4: Certification (Attach current financial statement                 | nt)                |                |                  |                        |                |                    |                        |             |  |
| I,, t  | he(title           | of             |                  | of city, county, sub-a | annlicant)     | , do hereby ce     | rtify to the Dep       | partment of |  |
| Economic Development that the information in Blocks 1 financial statement. | `                  | •              | •                |                        |                | f the entity, incl | luding the <b>atta</b> | ched        |  |
|  |                    |                |                  |                        |                |                    |                        |             |  |
| BUDGET OFFICER   |                    |                | DATE             |                        |                |                    |                        |             |  |

### FY-2005 APPLICATION: FORM C - LOCAL EFFORT INSTRUCTIONS

Block 1 is to be completed by the applicant for all types of projects. Blocks 3 and 4 **must** be completed by the applicant or sub-applicant, as applicable. Round all dollar amounts to the nearest \$100. It is important to complete this section **completely** and **accurately**.

#### **BLOCK 1 – TAX RATES AND REVENUES:**

**Column (A) – Tax Rate:** Indicate the tax rate levied in the **last** fiscal year. Property tax rate for **cities** should include levies for the general fund, bond retirement, parks, health, and other funds levied by the city council or a local board appointed by the city. If the tax is paid on a flat rate basis, write "Flat" in this column. Property tax rate for **counties** should include levies for the county (and township) general fund, bond retirement, and road and bridge fund, plus special district road and bridge levies for the specific area(s) of the improvement(s) proposed in the application.

**Column (B) – Actual Revenues Received:** Indicate the amount of tax revenues collected in the last fiscal year by each tax listed. These amounts must be certified by the budget officer in Block 4.

**Line 7 – Assessed Valuation:** Indicate the assessed valuation of the city or county applicant. This would include all property types – real and personal.

#### **BLOCK 2 - USER FEES:**

All applicants must complete this section regardless of the category under which they are applying. If the applicant combines their water and sewer user fees in their billing to customers, enter "combined" in column (b), and indicate the combined rate in column (a). On line 3, indicate the monthly cost per user for residential services of 5,000 gallons used. On line 5, indicate the total amount of revenues collected during the last calendar year. If a new water or sewer system is proposed, Block 2 must be completed based on the first year's projections.

#### **BLOCK 3 – BUDGET DATA:**

Data from this section must correspond to the applicant's (or sub-applicant's) most recent budget, or amendments of that budget. Data from all financial accounts under the applicant's direct control must be included, except those funds that have been restricted to a specific use by a vote of the citizens, or an official act of the governing body (ordinance, resolution, or written policy). However, all financial accounts directly related to the type of activity proposed must be included, regardless of whether it is restricted. Budgets under the authority of a legally-established board (such as a park board) must not be included unless that type of activity is included in the proposed project. Do not include budget data relating to state or federal grants, including local funds set aside to match those grants. Attach a copy of the applicant's or sub-applicant's financial statements (Balance Sheet, Income Statement, and Cash Flow Statement).

**Line 1 – (Beginning Balance):** Include all funds, which were available to the applicant (or sub-applicant) at the beginning of the fiscal year, **including** short and long-term investments (such as savings accounts and certificates of deposits).

**Line 6 – (16% Emergency contingency allowance):** Multiply the amount identified in line 4 (expenditures) by 16%, and enter here. This amount did **not** have to be included in the applicant's actual budget. **Do not** add emergency or contingency set-asides included in the applicant's budget to this line.

#### **BLOCK 4 – CERTIFICATION:**

The certifying officer must be the City Clerk or City Treasurer, County Clerk or County Treasurer of sub-applicant, whichever is applicable. Only one original signature is required. **Applicants must attach a copy of their most recent financial statement to the application.** 



# MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

FY-2005 APPLICATION: FORM D - MINIMUM REQUIREMENTS AND MAXIMUM LIMITS

### (Not applicable to Microenterprise, Downtown Revitalization, Engineering Feasibility or Engineering Facility Plan/Plans & Specs)

| PUBLIC FACILITY ACTIVITIES  |                                 |   |   |   |   |  |  |
|---|---------------------------------|---|---|---|---|--|--|
| BLC   | OCK 1: LMI BE                   | NEFIT AND CDBG  | COST PER FAMIL  | .Y  |   |  |  |
| A. PUBLIC FACILITY/ PUBLIC PROJECT ACTIVITIES (ACTIVITY)  | B. CDBG<br>FUNDS IN<br>ACTIVITY | C. NUMBER OF<br>FAMILIES<br>BENEFITING<br>FROM ACTIVITY | D. NUMBER OF<br>LMI FAMILIES<br>BENEFITING<br>FROM ACTIVITY | E. PERCENT<br>LMI BENEFIT<br>(D/C)<br>(MINIMUM 51%) | F. CDBG COST<br>PER FAMILY<br>BENEFITING<br>(B/C) |  |  |
| 1.  |                                 |   |   | %   | \$  |  |  |
| 2.  |                                 |   |   | %   | \$  |  |  |
| 3.  |                                 |   |   | %   | \$  |  |  |
| PROPERTY ACQUISITION     (INCLUDING EASEMENTS)  |                                 |   |   | %   | \$  |  |  |
| 5. TOTAL CDBG PUBLIC FACILITIES/<br>PUBLIC PROJECTS<br>(FORM B-I-9, COLUMN B)<br>MAXIMUM \$5,000 (except Other<br>Public Needs) |                                 |   |   | %   | \$  |  |  |

**NOTE:** IF THE NEIGHBORHOOD DEVELOPMENT PROJECT CONTAINS PUBLIC FACILITY ACTIVITIES, TO BE PAID WITH CDBG FUNDS, BLOCK 1 MUST ALSO BE COMPLETED.

| HOUSING ACTIVITIES  |                                 |   |  |  |  |  |
|---|---------------------------------|---|--|--|--|--|
| BLOCK 2: CDBG COST PER UNIT   |                                 |   |  |  |  |  |
| A. HOUSING ACTIVITIES (SAME AS FORM B, II,) (ACTIVITY)                  | B.<br>CDBG FUNDS<br>IN ACTIVITY | C. NUMBER OF UNITS BENEFITING FROM ACTIVITY | D.<br>CDBG COST<br>PER UNIT<br>BENEFITING<br>(B/C) |  |  |  |
| 1. Rehabilitation (Max of \$15,000 + \$6,000 per lead hazard unit)      |                                 |   |  |  |  |  |
| 2. Rehabilitation inspection (\$850/unit) Demo. Inspection (\$425/unit) |                                 |   |  |  |  |  |
| 3. Lead risk assessments (max. \$600/unit) Asbestos Inspections         |                                 |   |  |  |  |  |
| 4. Acquisition & demolition   |                                 |   |  |  |  |  |
| 5. Substantial reconstruction/other financing (max \$15,000/unit)       |                                 |   |  |  |  |  |
| 6. Homeownership assistance (max \$5,000/unit existing & \$15,000 new)  |                                 |   |  |  |  |  |
| 7. Total of lines 1,2,4 and 5 (Do not double count units)               |                                 |   |  |  |  |  |
| Lead hazard reduction cost (Break out from line 1)                      |                                 |   |  |  |  |  |
| 9. Subtract Line 8 from Line 7 (max \$15,000/unit)                      | _                               |   |  |  |  |  |
|   | CDBG Funds<br>in Activity       | Persons<br>Benefiting                       | CDBG Cost<br>Per Person                            |  |  |  |
| 10. Job training (at least 2 trainees) (Max \$3,000/person)             |                                 |   |  |  |  |  |

#### FY 2005 APPLICATION: FORM D - MINIMUM REQUIREMENTS & MAXIMUM LIMITS INSTRUCTIONS

#### **BLOCK 1: LMI BENEFIT AND CDBG COST PER FAMILY:**

Column A: List the CDBG activities from Form B, I, numbers 1 to 4. Do not list professional services.

**Column B:** Indicate the amount of CDBG funds proposed for each activity listed in column A.

**Column C:** Indicate the total number of families that will benefit from the activity. A beneficiary is a family that uses the facility or service on a daily basis, and will be significantly impacted from the proposed activity by having the identified need resolved. If 2000 HUD census data was used to document 51% LMI persons, the average statewide number of persons in a family is 2.48. Therefore, the number of LMI persons divided by 2.48 results in the number of LMI families.

Column D: Indicate the number of low and moderate-income (LMI) families that will benefit from the activity.

**Column E:** Divide column D by column C. Enter this percent in this column. **If this percentage is less than 51%, the project is ineligible.** 

Column F: Divide the CDBG cost for each activity (column B) by the number of families benefiting (column C). If this exceeds \$5,000 per family, the project is ineligible. Professional services, except legal and administration, must be included in the total on Line 5 (Form B, I, 9, column B). Do not double count a family on Line 5 if it would benefit from more than one activity.

BLOCK 2: CDBG Cost Per Unit – Housing Activities (Neighborhood Development and Innovative Housing Projects):

**Column A:** The CDBG activities from Form B, II, numbers 1 to 9 are listed. Estimate lead hazard reduction costs for pre-1978 houses.

Column B: Indicate the amount of CDBG funds proposed for each activity listed in column (a).

**Column C:** Enter the total number of units benefiting from the activity.

Column D: Enter the CDBG cost per unit for each activity (column B/C). The CDBG cost per unit cannot exceed the applicable limits for each activity as stated in the guidelines. If the total exceeds \$15,000 per unit, the project is ineligible (Line 9) for neighborhood development projects. Cost limits are not applicable to open-cycle housing activities, but must be documented as cost reasonable.



## MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

FY-2005 APPLICATION: FORM E - PROFESSIONAL SERVICES

BLOCK 1: OPTIONAL <u>PRESELECTION</u> OF PROFESSIONAL SERVICES (If any of the following professional services, to be paid with CDBG funds, have been pre-selected, please complete)

NOTE: Pre-selection of administrative services requires notification of the area regional planning commission as well as <u>ALL</u> grant administrators as stated on the published CDBG administrator list (available by request at 573/751-3600) in addition to all other proper procurement procedures. Failure to follow required procurement procedures will require the process to be repeated if the project is funded.

| A. TYPE OF SERVICE                         | B. FIRM NAME   | C. PROPOSED COST | D. SOURC |      |   | DATE OF<br>LECTION |
|--|--|------------------|----------|------|---|--------------------|
| 1. ENGINEERING DESIGN                      |  |                  |          |      |   |                    |
| 2. CONSTRUCTION INSPECTION                 |  |                  |          |      |   |                    |
| 3. ADMINISTRATION                          |  |                  |          |      |   |                    |
| 4. HOUSING INSPECTION                      |  |                  |          |      |   |                    |
| 5. LEAD RISK ASSESSOR:                     |  |                  |          |      |   |                    |
| 6. OTHER:                                  |  |                  |          |      |   |                    |
| 1. NUMBER OF PROPOSALS                     | RECEIVED FOR:  |                  |          |      |   |                    |
| A. ENGINEERING DESIGN                      | :  |                  |          |      |   |                    |
| B. CONSTRUCTION INSPE                      | ECTION:  |                  |          |      |   |                    |
| C. ADMINISTRATION:                         |  |                  |          |      |   |                    |
| D. HOUSING INSPECTION                      | :  |                  |          |      |   |                    |
| E. LEAD RISK ASSESSOR                      | :  |                  |          |      |   |                    |
| F. OTHER (Please list):                    |  |                  |          |      |   |                    |
| 2. BASIS OF SELECTION DOCUMENTED?          |  |                  |          |      |   | □ NO               |
| 3. NON-SELECTED FIRMS NOTIFIED IN WRITING? |  |                  |          |      |   | □ NO               |
| DED BEEN NOTIFIED AND                      | ROPOSALS WERE RECEIVED O<br>/OR APPROVED?<br>RTING DOCUMENTATION.) | N ANY OF THE ABO | OVE, HAS | ☐ YE | S | □ NO               |



### **NEIGHBORHOOD DEVELOPMENT APPLICANTS ONLY**

INSTRUCTIONS: BASED ON THE REQUIRED APPLICATION MAP, COMPLETE THE FOLLOWING INFORMATION. THE MAP AND THIS FORM <u>MUST</u> CORRESPOND IN ALL CATEGORIES. IF THEY DO NOT CORRESPOND, THE MAP WILL BE CONSIDERED THE ACCURATE DOCUMENT.

| 1. NUMBER OF UNITS IN THE TARGET AREA:                           |   |   | DEMOLITION ONLY                |                                       |  |  |  |
|--|---|---|--------------------------------|---------------------------------------|--|--|--|
| A. STANDARD RESIDENTIAL UNITS (REHAB COSTS                       |   |   |                                |                                       |  |  |  |
| B. MODERATELY DETERIORATED RESIDENTIAL UI 10,000):               | -   |   |                                |                                       |  |  |  |
| C. SEVERLY DETERIORATED RESIDENTIAL UNITS                        | (REHAB COST O\  | /ER \$10,000-\$15,0                           | 000):                          |                                       |  |  |  |
| D. DILAPIDATED RESIDENTIAL UNITS (CANNOT BE \$15sq ft):          | >   |   |                                |                                       |  |  |  |
| TOTAL UNITS ABOVE:   |   |   |                                |                                       |  |  |  |
| FROM B & C ABOVE:  | FROM B & C ABOVE:   |   |                                |                                       |  |  |  |
| INDICATE THE NUMBER OF OWNER-OCCUPIED RE                         | SIDENTIAL UNITS   | <b>3</b> :                                    |                                |                                       |  |  |  |
| INDICATE THE NUMBER OF RENTER-OCCUPIED RE                        | ESIDENTIAL UNITS  | S:  |                                |                                       |  |  |  |
| INDICATE THE NUMBER OF PRE-1978 UNITS:                           |   |   |                                |                                       |  |  |  |
| INDICATE THE NUMBER OF UNITS WITHOUT CONT                        | INUOUS FOUNDA   | TIONS:  |                                |                                       |  |  |  |
| X. UNOCCUPIED RESIDENTIAL UNITS IN TARGET                        | AREA:   |   |                                |                                       |  |  |  |
| Z. NON-RESIDENTIAL UNITS (COMMERCIAL, INDUS                      |   |   |                                |                                       |  |  |  |
| 2. PROPOSED ACTIVITIES IN THIS PROJECT                           |   |   |                                |                                       |  |  |  |
| ACTIVITY   | NUMBER OF<br>UNITS TO BE<br>COMPLETED<br>WITH CDBG<br>FUNDS | ESTIMATED<br>AVERAGE<br>CDBG COST<br>PER UNIT | UNI <sup>T</sup><br>CON<br>WIT | MBER OF IS TO BE MPLETED H TOTAL UNDS | ESTIMATED<br>AVERAGE<br>TOTAL COST<br>PER UNIT |  |  |
| A. UNITS IN TARGET AREA PROPOSED FOR REHAB                       |   |   |                                |                                       |  |  |  |
| B. UNITS PROPOSED FOR DEMOLITION                                 |   |   |                                |                                       |  |  |  |
| C. HOUSEHOLDS TO BE RELOCATED                                    |   |   |                                |                                       |  |  |  |
| D. PROPERTIES TO BE ACQUIRED                                     |   |   |                                |                                       |  |  |  |
| E. SUBSTANTIAL RECONSTRUCTION & NEW CONSTRUCTION FINANCING       |   |   |                                |                                       |  |  |  |
| F. HOMEOWNERSHIP ASSISTANCE (EXISTING UNITS)                     |   |   |                                |                                       |  |  |  |
| <b>NOTE:</b> TOTAL UNITS MEANS THE NUMBER OF UNIG)               | TS TO BE COMPL  | ETED BY ALL PR                                | OJECT                          | FUNDS (FO                             | RM B, COLUMN                                   |  |  |
| 3. FOR DEMOLITION ONLY PROJECTS:                                 |   |   |                                |                                       |  |  |  |
| A. Rate all vacant units as A, B, C, or D in Box 1 above         | <del>)</del> .  |   |                                |                                       |  |  |  |
| B. Provide number of all occupied D units:                       |   |   |                                |                                       |  |  |  |
| C. If vacant commercial buildings proposed for demoliti provide: |   | Vacant Commerci<br>Vacant Commerci            |                                | <br>osed for Dem                      | olition  |  |  |



### MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

FY-2005 APPLICATION: FORM G - NARRATIVES

**INSTRUCTIONS:** Locate the category in which you are applying. **Answer only the set of narrative questions listed under that category.** If you are applying under the Neighborhood Development category and your project includes public facilities, you **must** complete the narrative questions for those categories as well. **If you are proposing a Neighborhood Development project that includes water or wastewater activities that benefits the whole community, then the water or wastewater activities must have completed the preliminary <b>project proposal and received an invitation to apply.** On a separate sheet, respond to each question. Identify each response by the code assigned. Even though a question is addressed in the engineering report, briefly address question. If reference is made to engineering report, please indicate page and paragraph number. If other information is quoted, specifically cite the source of documentation.

### **BRIDGES, STREETS, AND DRAINAGE**

- BSD 1: Explain what caused (or causes) the need.
- BSD 2: Describe the need. (Include history and current status.)
- **BSD 3:** Describe the existing and long-term threats to the health and safety of your citizens as a result of this need.
- **BSD 4:** If need is a street or bridge, please describe traffic counts and daily use.
- BSD 5: Is bridge or street currently closed or impassible? Are there load limits posted?
- **BSD 6:** If there is a detour, please describe length and impact to daily travelers.
- **BSD 7:** If drainage impacts infrastructure, please describe.
- **BSD 8:** Describe any property damage. (Include public, residential/commercial real estate, and private property.)
- **BSD 9:** Describe damage in terms of costs.
- BSD 10: How many times has the damage occurred in the last 10 years?
- **BSD 11:** If a viable community is one that is both livable and able to develop under favorable conditions:
  - How is this project going to improve your quality of life?
  - How will this project make conditions more favorable for the community to develop?
- **BSD 12:** Describe any impact to the environment. This question refers to the current situation, not to what project construction may cause.
- BSD 13: Describe the proposed solution to address the need.
- BSD 14: Describe all alternative solutions considered and why the one selected is best.
- **BSD 15**: Describe any previous attempts by the community to solve the problem.
- **BSD 16:** Describe all of the dollars (public and private) that are spent annually as a result of the problem or need?
- BSD 17: How many occupied households benefit from the project?
- BSD 18: What is the cost per household for:
  - 1) Total project dollars
  - 2) CDBG dollars requested.
- BSD 19: How will the improvements be maintained?
- **BSD 20:** Please provide specific, detailed information indicating how ready this project is to start once funding is awarded.
- BSD 21: How did you decide on the amount of local cash that you dedicated to this project?

- BSD 22: Describe how you arrived at the financing proposed for the entire project.
- BSD 23: Describe, in detail, the local in-kind activities dedicated to this project.
- BSD 24: Does this project qualify for any other state or federal assistance program?
- **BSD 25:** If yes, explain the participation of that program in this project.
- **BSD 26:** There will be no contingent awards made. Describe any financing or activities not completed or committed that may affect the ability of this project to move forward.
- BSD 27: What has the community done in the past to try and solve the problem?

#### **COMMUNITY FACILITY**

- **CF 1:** What kind of facility is needed?
- CF 2: Why is the facility needed?
- CF 3: How will the facility improve the health and safety of the users and the community?
- CF 4: How will the facility improve the education of the users?
- CF 5: Where is the closest similar facility?
- CF 6: Do members of your community have access to that other facility?
- CF 7: List the number of daily/monthly/annual users of the proposed facility.
- **CF 8:** How did you arrive at those numbers?
- **CF 9:** If a viable community is one that is both livable and able to develop under favorable conditions:
  - How is this project going to improve the quality of life in the community?
  - How will this project make conditions more favorable so development may occur?
- CF 10: How will you know when you have achieved success?
- CF 11: Describe specifically the construction details of the facility proposed (size, material, location, etc.).
- CF 12: Why is building this type of facility the best solution to address the need?
- **CF 13:** Describe all of the dollars (public and private) that are currently spent annually as a result of not having this facility to address the need?
- CF 14: How many occupied households will potentially benefit from the project?
- **CF 15:** What is the cost per household for:
  - 1) Total project dollars
  - 2) CDBG dollars requested
- CF 16: How will the facility be maintained?
- CF 17: Is there a fee to use the facility?
- CF 18: How will the facility maintain a long-term operation?
- CF 19: Who will manage the facility?
- CF 20: Will the users remain constant?
- **CF 21:** Will the community support the operation of the facility beyond the current local government administration?
- CF 22: Describe the not-for-profit (if applicable) that is involved in the project.
- **CF 23:** How long has the not-for-profit been in business in the community?
- CF 24: Does the not-for-profit have experience in similar projects?
- **CF 25:** How did you decide on the amount of local city/county cash or local non-profit cash that you dedicated to the project?

- CF 26: Describe how you arrived at the financing proposed for the entire project.
- CF 27: Are USDA Rural Development loan or grant funds proposed as part of this project?
- **CF 28:** If yes, describe the status of the commitment of those funds. Will a full commitment be achieved within 180 days?
- CF 29: Describe, in detail, the in-kind contribution for this project.
- **CF 30:** Does this project qualify for any other state or federal assistance program?
- CF 31: If yes, explain the participation of that program in this project.
- **CF 32:** What has the community done in the past to try and solve the problem?
- CF 33: Please provide specific, detailed information indicating how ready this project is to start once funding is awarded.
- **CF 34:** Is this project part of the community's overall strategic plan?

#### **DOWNTOWN REVITALIZATION**

- **DR** 1: Briefly, what is the history of your community and the central business district (downtown)?
- **DR 2:** Describe your downtown as it exists today.
- DR 3: Why is there a need to revitalize the downtown?
- **DR 4:** Is the downtown accessible to foot traffic?
- DR 5: Is the traffic in and out of downtown convenient?
- DR 6: What percentage of buildings in the central business district are vacant?
- **DR 7:** On average, how long have these buildings been vacant?
- DR 8: What specific plan does the community have for addressing the vacant buildings?
- **DR 9:** Can vacant buildings be rehabilitated?
- DR 10: On average, how long have the existing businesses been operating in the downtown area?
- **DR 11:** Is there a parking problem?
- **DR 12:** What currently keeps people from shopping downtown?
- DR 13: What is your community's downtown revitalization strategy? (Include ultimate goal.)
- **DR 14:** When was this strategy adopted?
- **DR 15:** How has the strategy been implemented so far?
- DR 16: How does this revitalization effort fit into the ultimate revitalization goal?
- **DR 17:** How do you plan to market your downtown?
- **DR 18:** How did you select the architectural design guidelines?
- DR 19: How do those guidelines fit into the revitalization plan?
- **DR 20:** Have the guidelines been officially adopted?
- DR 21: How will the community implement the guidelines?
- **DR 22:** Describe your downtown group or organization.
- **DR 23:** What role does this organization play in the revitalization effort?
- **DR 24:** Who are the members and what are the rules for membership?
- DR 25: Summarize the proposed project. Include exact location, list of activities, estimated costs, length of completion and any other significant details.
- DR 26: Identify what activities listed above (DR-25) are to be paid with CDBG funds.

**DR – 27:** Describe the quality of all of the existing infrastructure. DR – 28: How many businesses and property owners are participating in this project? **DR – 29**: Describe in detail, the private funds dedicated to this project and their use. **DR** – **30:** Is this project part of a phased plan for downtown revitalization? If so, please describe. **DR – 31:** If this project is one phase, describe the plan for completion of the other phases. DR – 32: Is all private investment for this project committed from the companies located inside the project area? DR – 33: What amount of local public funds are committed to the project and what is their use? **DR – 34:** What in-kind actions are committed to the project? DR - 35: Who will manage the project? **DR – 36:** If a viable community is one that is both livable and able to develop under favorable conditions: How is this project going to improve the quality of life in the community? How will this project make conditions more favorable so development may occur? DR - 37: Please provide specific detailed information indicating how ready this project is to start once funding is awarded. DR – 38: How will you know when you have achieved success? DR - 39: How many blocks are a. in the central business district b. in the proposed revitalization area. DR - 40: How many buildings are a. in the central business district b. in the proposed revitalization area c. participating. **DR – 41:** How many businesses are: a. in the central business district b. in the proposed revitalization area c. participating. **DR – 42:** Estimate how many people are: a. employed in the central business district b. employed in the proposed revitalization area c. employed in participating businesses (currently or expected to be created). **DR – 43:** What percentage of the buildings in the central business district are: Owner Occupied: \_\_\_\_ Renter Occupied: Locally Owned: Owned by an Absentee Landlord: **DR – 44:** If applicable: What percent of the buildings in this phase are:

Owner Occupied: Renter Occupied:

### **MICROENTERPRISE**

- ME 1: Is the program:
  - a. a revolving loan
- b. a loan guarantee
- c. other
- **ME 2:** Describe your choice in detail. Include length of loans, interest charged, maximum amount of loan (if over the DED requirements), collateral, underwriting.
- **ME 3:** Describe the service area (attach map of project area).
- **ME 4:** Who will perform the loan review and make the loan decisions?
- **ME 5:** Describe his/her experience, expertise, and background.
- **ME 5:** Describe how you will let low to moderate-income persons and businesses know the program is available.
- **ME 6:** Describe the local government participation in this program.
- ME 7: Describe local financial institutions participation in this program (banks, SBA, RD, other RLF).
- **ME 8:** Who is responsible for servicing the loans?
- **ME 9:** Who will track payments, send demand letters, report defaults? Describe their experience and expertise.
- ME 10: Describe the required training component of the microenterprise program, including business planning, marketing, management, etc. The training should be comprehensive and follow an established curriculum. What existing training program will be used?
- **ME 11:** Describe the organization and individuals involved in the training and their experience and qualifications.
- **ME 12:** From the date of funding, how long will it take you before you make your first loan? And how long will it take you to loan all \$100,000?
- **ME 13:** Who are the local partners in the microenterprise? Describe their role.
- **ME 14:** Provide sub-applicant information, including board members and officers, non-profit status, and federal tax-exempt status letter from IRS (if applicable)
- ME 15: How does the microenterprise program fit into the area's overall economic development efforts?
- **ME 16:** What is the area unemployment rate? Describe any other relative unemployment information.
- **ME 17:** How do you know there is a demand for microenterprise loans? Include financial institution inquiries, evidence from survey, how many loans have been denied, etc.
- **ME 18:** Are there other statistics, demographics, or characteristics of the area that would prove the need for this loan program?

#### **NEIGHBORHOOD DEVELOPMENT PROJECTS: TARGET-AREA**

- **H-TA 1:** Describe the general characteristics of the neighborhood selected.
- H-TA 2: Why was this neighborhood targeted/selected as compared to others in the community?
- H-TA 3: What is the vacancy rate of the target area? What is the vacancy rate of the community?
- **H-TA 4:** Describe the characteristics of the owners and tenants in the target area: handicap; elderly; minorities; female head of household, etc.
- H-TA 5: Describe the housing stock in the target area: size, age, composition, style of homes, etc.
- H-TA 6: Are any homes proposed for rehabilitation expected to exceed the \$15,000 grant limit?
- H-TA 7: Are any homes proposed for rehabilitation expected to cost less than \$5,000?

- H-TA 8: Discuss the results of your housing needs survey and the public interest shown, or lack thereof, in the project. Explain any return ratio below 80%. There must be 100% solicitation of each occupied unit in the target-area.
- **H-TA 9:** Describe the housing activities proposed in this project: number of rehabs to livability standard, number of rehabs to health and safety, number of relocations, number of demolitions, number of substantial reconstructions, number of homeownership assistances, etc.
- **H-TA 10:** Why were these activities proposed deemed to be the most appropriate course of action for the neighborhood and the occupants?
- H-TA 11: Describe the type of rehabilitation assistance proposed grants, loans, etc.
- **H-TA 12:** From your target-area survey, how many dwellings do LMI households occupy? How many of the LMI households indicated their intent to apply for rehabilitation assistance if this project is selected in this competition?
- **H-TA 13:** How many rental units are in the target area and how many are proposed for rehabilitation? How many landlord commitments do you have in writing attached to this application? What is the percentage of financial participation for each unit required of each landlord in this project?
- **H-TA 14:** How many vacant property owners have agreed in writing to participate in this project? Describe how each intends to participate?
- H-TA 15: Has the community pre-selected a housing board? If so, describe the make-up, the structure and list the Board's responsibilities. Discuss only what has taken place to date. Substantiate with documentation.
- **H-TA 16:** Describe any adopted guidelines for participation in the project: priorities; conflict resolution; eligibility; walk-away policy; rehab and demolition construction and inspection management, etc. Include only decisions made to date and substantiate the same. **Attach copy of officially adopted guidelines.**
- H-TA 17: Describe the administrative readiness of the community: Identify the applicant's official point of contact, designated finance officer (both must be city officials or employees), plan for administrative services or evidence of pre-selection, plan for rehabilitation inspection services or evidence of pre-selection; plan for lead paint risk assessment or evidence of pre-selection, and environmental review status, and if applicable (demolition activities), plan for asbestos inspection services or evidence of pre-selection.
- **H-TA 18:** Provide a list of rehabilitation and demolition contractors to be used for this project. Identify MBE, WBE, and Section 3 contractors on the list.
- H-TA 19: Attach a copy of lead worker, supervisor, or contractor license from the list of project contractors who are qualified to disturb lead painted surfaces, or their one-day HUD Lead Safe Work Practices certificates.
- **H-TA 20:** Describe any public facility deficiencies evident but not proposed for action. Explain why the deficiencies are not being addressed.

#### H-TA – 21: Please complete the chart below:

| Facility or Service                  | Good | Fair | Poor | Doesn't Exist |
|--------------------------------------|------|------|------|---------------|
| Water Distribution & Treatment       |      |      |      |               |
| Sanitary Sewer Systems               |      |      |      |               |
| Drainage and Storm Sewers            |      |      |      |               |
| Streets and Bridges                  |      |      |      |               |
| Fire Protection (including hydrants) |      |      |      |               |
| Other (list)                         |      |      |      |               |
| Other (list)                         |      |      |      |               |

**Note**: If public facilities are proposed as activities for this project, submit a preliminary engineering report to support the proposed costs. If street activities are proposed, submit a preliminary engineering or public

- works cost estimate to support the proposed costs. Costs that are not supported or inadequate, will not receive leveraging points.
- **H-TA 22:** Describe the method proposed for the required home maintenance and financial counseling. Who will perform the service(s) and how will the service(s) be implemented in the target area? Attach a letter from the service provider(s).
- **H-TA 23:** How will the applicant ensure that someone from each household that receives rehabilitation assistance attends the required supportive service class?
- **H-TA 24:** Describe the need for any additional supportive services.
- **H-TA 25:** Who will provide the additional service(s), and how will those service(s) be implemented in the target area? Attach a letter from the service provider.
- **H-TA 26**: For each of the following types of code enforcement indicate if the community enforces the code AND the number of violations, permits, or zoning reviews performed or issued in the last 2 years

| Action                    | Exists in community? | Enforced in community? | Number in last 2 years |
|---------------------------|----------------------|------------------------|------------------------|
| Building codes            |                      |                        |                        |
| Housing codes             |                      |                        |                        |
| Occupancy permits         |                      |                        |                        |
| Property maintenance code |                      |                        |                        |
| Condemnations             |                      |                        |                        |
| Unsafe Building Ordinance |                      |                        |                        |

- **H-TA 27:** How many structures have been demolished in the past two years as a result of the applicant's ordinances?
- H-TA 28: Discuss all efforts made within the past 5 years to address the housing needs of LMI households.
- H-TA 29: Describe the efforts to leverage with other funds, cash and in-kind (non-cash) match for housing activities. Applicant/local cash and in-kind match is acceptable. Private cash match is acceptable, but not private in-kind labor match. The applicant must attach firm commitments from all public, nonprofit, and private funding sources. Contingent or uncommitted funds will not be awarded points in the rating system.
- **H-TA 30:** Indicate whether any household, business, or person will be displaced as a result of this project. If so, describe the necessity of the displacement, and the relocation plan to minimize its effect.
- H-TA 31: Describe the precise boundaries of the target area.
- **H-TA 32:** If applicable, explain and define the need for construction trade training necessary to carry out this project. Describe how any construction trade training activities that will be carried out. Identify any pre-selected trainers and a description of their past training experience.
- **H-TA 33:** How many demolitions are proposed? How many demolition owner consent forms are attached to the application?
- **H-TA 34:** How will the applicant accomplish any involuntary demolitions? Are local funds proposed for all involuntary demolitions?
- **H-TA 35:** If applicable, have commercial property owners agreed to 20% match for the demolition of their structure? Are those written commitments included in this application?
- H-TA 35: Provide basis for the costs for each demolition including asbestos removal costs? All properties proposed for demolition must have an asbestos inspection completed by a person currently on DNR's list of licensed asbestos inspectors.
- H-TA 36: Describe any homeownership assistance activities proposed in this application.
- **H-TA 37:** Are the project's proposed activities identified in the applicant's Needs Assessment, or the community's strategic plan? Explain.

|                  | <b>2</b> 000 1.pp.nounton   |
|------------------|---|
| H-TA – 38:       | How many units in the target-area are occupied or owned by the applicant's elected officials?   |
|                  | How many units in the target-area are occupied or owned by family members of elected officials or the applicant's employees?            |
|                  | How many units are occupied by non-LMI families?  |
| H-TA – 39:       | Which project activities will violate the conflict of interest policy? How will the applicant address the actual or apparent conflicts? |
| H-TA – 40:       | Provide a timeline for the initiation and completion of the project's activities within 24-months?                                      |
|                  | NEIGHBORHOOD DEVELOPMENT: DEMOLITION ONLY   |
| <b>U.D.</b> 4. D | ravide a general description of the characteristics of the community  |

- **H-D 1:** Provide a general description of the characteristics of the community.
- H-D 2: Provide a general description of the buildings proposed for demolition: length of vacancy, former use, state of disrepair, significant problems.
- H-D 3: How many total D and DX properties are there in the applicant's jurisdictional boundaries?
- **H-D 4:** How many of those "D's" are occupied and how many are vacant "DX" residential units? D
- **H-D 5**: How many of the ZDXs and ZXs are commercial buildings? ZX ZDX
- H-D 6: Why were only the proposed properties selected for demolition instead of the others? Describe the community's process for selecting the units for demolition?
- H-D 7: Describe the demolition program designed by the community in this application: priorities, match, etc.
- H-D 8: What is the vacancy rate of the applicant? \_\_\_\_\_ Single-family residential? \_\_\_\_ Rental? \_\_\_\_ Commercial?
- **H-D 9:** Describe the applicant's routine clean-up activities.
- H-D 10: Describe any community organizational participation in this project and in clean-up activities.
- H-D 11: Describe the community's long-term maintenance plan if funded and the structures demolished.
- **H-D 12:** Discuss the public interest shown, or lack thereof, in the project.
- H-D 13: Describe any pre-drafted or adopted guidelines for the project: priorities, construction management, salvage rights, environmental concerns, etc. Include only decisions made to date and substantiate the same.
- H-D 14: Describe the administrative readiness of the community: Identify the applicant's official point of contact, designated finance officer (both must be city officials or employees), plan for administrative services or evidence of pre-selection, plan for demolition inspector or evidence of pre-selection, plan for asbestos inspection services or evidence of pre-selection (if applicable).
- H-D 15: For each of the following types of code enforcement indicate if the community enforces the code AND the number of violations, permits, or zoning reviews performed or issued in the last 2 years.

| Action                    | Exists in community? | Enforced in community? | Number in last 2 years |
|---------------------------|----------------------|------------------------|------------------------|
| Building codes            |                      |                        |                        |
| Housing codes             |                      |                        |                        |
| Occupancy permits         |                      |                        |                        |
| Property maintenance code |                      |                        |                        |
| Zoning                    |                      |                        |                        |
| Unsafe Building Ordinance |                      |                        |                        |
| Condemnations             |                      |                        |                        |

- **H-D 16:** Describe the applicant's actual demolition activities over the past two-years.
- H-D 17: Discuss all efforts made within the past 5 years to address the housing needs of LMI households.

- H-D 18: Describe the efforts to leverage other funds and in-kind (non-cash) efforts for demolition activities. The applicant must attach firm commitments from all public and private funding sources. Public, nonprofit, and private cash and in-kind match is acceptable, but not private in-kind labor match. Contingent or uncommitted (unsigned commitment letters) funds will not be awarded points in the rating system.
- **H-D 19:** Provide as much detailed information as possible to support the cost of the demolition activities including the average cost per demolition.
- H-D 20: Describe any hazardous waste disposal in preparation for demolition including asbestos removal costs.
- H-D 21: Attach a copy of the applicant's formally adopted dangerous building ordinance to be used to meet the slum and blight national objective. Submit documentation to show that it was formally adopted by the applicant.
- **H-D 22:** Provide documentation from utility service termination records to show that each structure proposed for demolition has been vacant for more than 12 months.
- **H-D 23:** Does the applicant have a list of contractors qualified to bid on proposed demolition project? Was list submitted with this application? Does the list contain MBE, WBE or Section 3 contractors?
- **H-D 24:** Describe any proposed demolition that constitutes a conflict of interest? List those demolitions and the owner. Have those demolitions been removed from the proposed project activities?
- **H-D 25:** Have the commercial property owners committed in writing to provide cash match for 20% of costs to demolish their structure? Are copies of their written commitments included with this application?
- H-D 26: Provide a project timeline for the initiation and completion of this project within 24-months or less.
- **Note**: If commercial buildings are included as proposed demolitions, then numbers for all vacant dilapidated (ZDX) and vacant (ZX) commercial structures must be provided and will be included in the rating numbers. These structures must be shown on the map as ZDX and ZX.

### **OPEN-CYCLE HOUSING PROJECTS**

- OH 1: Describe the type of housing proposed or housing condition being addressed.
- **OH 2:** If addressing a housing condition, describe how the proposed project addresses a health and safety need.
- OH 3: Describe the intended beneficiaries: single-families, homeless, renters, seniors, etc.
- **OH 4:** How will you document LMI status?
- **OH 5:** Provide local documentation for the demand/need for that type of housing. Provide data, numbers, statistics, or a market demand study for that type or price of housing to substantiate the need.
- OH 6: Provide documentation to show that the mortgages or rents for the units will not exceed 25% of an LMI household's income in your county nor exceed HUD's fair market rents. Use your county's income limits for the household size or an average size family that you will be serving.
- OH 7: Describe why you consider this type of housing one that addresses an affordable housing need?
- **OH 8:** Is this need, housing, and/or client beneficiaries being addressed in any other manner in your jurisdiction?
- OH 9: Housing vacancy rate: Provide the following: Number of Single Family Residential Units \_\_\_\_\_;

  Number of Vacant Single Family Residential Units \_\_\_\_\_; Percent of Vacant Single-Family Residential

  Units \_\_\_\_\_%; Number of Rental Units \_\_\_\_\_; Number of Vacant Rental Units \_\_\_\_\_; Percent of Vacant

  Rental Units \_\_\_\_\_%.
- OH 10: What is the vacancy rate for the proposed type of affordable housing for this project?
- OH 11: CDBG may award funds on a contingent basis. The applicant has 90 days to gain the necessary written commitment of other funds proposed in the budget. Describe, in detail, the proposed use of other funds and their deadline dates, award announcements, etc.
- **OH 12:** If a non-profit or for-profit entity is involved, what is their specific role?

- OH 13: Describe the non-profits and/or the for-profits history/experience doing this type of project.
- OH 14: Is this project part of your community's strategic plan? Provide a reference from your plan.
- **OH 15:** Discuss how the project budget is cost effective.
- OH 16: Describe the administrative readiness of the community: Identify the applicant's official point of contact, designated finance officer (both must be city officials or employees), plan for administrative services or evidence of pre-selection, plan for demolition inspector or evidence of pre-selection, environmental review status, and if applicable for demolition activities, plan for asbestos inspection services or evidence of pre-selection.
- **OH 17:** Describe any supportive services. If supportive services are on-going, how will they be maintained (what source of continuing funds)?
- OH 18: Why is this project an appropriate investment of CDBG grant funds?
- **OH 19:** How will this investment be maintained?
- OH 20: Does the city or county have and enforce property maintenance and housing codes?
- **OH 21:** Provide documentation of enforcement. Complete the table below.

| Action                    | Exists in community? | Enforced in community? | Number in last 2 years |
|---------------------------|----------------------|------------------------|------------------------|
| Building codes            |                      |                        |                        |
| Housing codes             |                      |                        |                        |
| Occupancy permits         |                      |                        |                        |
| Property maintenance code |                      |                        |                        |
| Condemnation Ordinance    |                      |                        |                        |
| Unsafe Building Ordinance |                      |                        |                        |

- **OH 22:** For each of the above codes or ordinances, describe the cities counties enforcement process and procedures.
- OH 23: Describe local cash match commitment. How and why was this decision made?
- **OH 24:** Describe local in-kind match commitment to the project.
- OH 25: Describe the for-profit sources of matching funds for this project.
- **OH 26:** Describe the non-profit's matching funds for this project.
- OH 27: Describe the complete financial budget for the project. Include sources and uses of funds. If applicable, include projected cash flow or other information to show that the project is financially feasible.
- OH 28: How will you know when you achieve success?
- OH 29: What specifically has the community attempted in the past to address this housing need?
- **OH 30:** If a viable community is one that is both livable and able to develop under favorable conditions:
  - How is this project going to improve the quality of life in your community?
  - How will this project make conditions more favorable so development will occur?
- **OH 31:** Discuss efforts during past five years to address the needs of the homeless population. Discuss the need for both temporary and permanent housing.
- OH 32: Identify any project activities that would constitute an actual or apparent conflict of interest. Describe the applicant's actions to prevent the conflicts.
- OH 33: Provide a timeline or milestone schedule for implementation and completion of this project within 24months.

### **OPEN-CYCLE HOUSING: SCATTERED-SITE PROJECT**

- O-SS 1: Provide a general description of the scattered site target area or areas, i.e., boundaries, location in jurisdiction, percent LMI? Describe the precise boundaries of the scattered site area or the two clusters of the scattered site area.
- **O-SS 2:** Describe the demographic characteristics of the occupants (owners and tenants) of the area as a whole: handicap, minorities, elderly, female head of household, etc?
- **O-SS 3:** Describe the characteristic(s) of the structures or occupants selected as a priority for rehabilitation, e.g., rental housing, lead-based paint housing, elderly housing, ADA accessibility rehab, or single-heads of households with children?
- **O-SS 4:** Why is this characteristic(s) a priority? Is it identified in your local strategic plan, housing plan, or community needs assessment?
- O-SS 5: Describe the housing characteristics of the target-area: size, age, composition, style of homes, etc.?
- **O-SS 6:** Are any homes expected to exceed the \$15,000 rehabilitation grant limit? Are any homes expected to cost less than \$5,000 to rehabilitate? How many?
- O-SS 7: Of the dwellings with the priority characteristic(s), how many are occupied by LMI households?
- O-SS 8: Discuss the results of your of your target-area and/or housing needs survey and the target-area resident's interest shown, or lack thereof, in the project. How many LMI households, in the target area, with the selected characteristic have indicated in writing their intent to participate in the project?
- **O-SS 9:** Describe the housing activities proposed in this project, i.e., the number of units to be rehabilitated to DED's livability HQS standard and the number of demolitions.
- O-SS 10: If demolitions proposed, how many owner consent forms have been submitted with this application?
- **O-SS 11:** Why were the activities proposed in O-SS -9 & 10 deemed to be the most appropriate course of action for the area and/or the target-area occupants?
- O-SS 12: What is the vacancy rate of the area as a whole? For single-family homes? For rental units? For dwellings with the selected characteristic for this project?
- O-SS 13: How many rental units are in the target area and how many are proposed for rehabilitation?
- O-SS 14: How many landlord commitments do you have in writing attached to this application?
- O-SS 15: Is the percentage of financial participation required of landlords in this project 25% or greater?
- **O-SS 16:** If applicable, have commercial property owners agreed to 20% match for the demolition of their structure?
- O-SS 17: Describe the condition of the existing public facilities.

| Facility or Service                | Good | Fair | Poor | Doesn't Exist |
|------------------------------------|------|------|------|---------------|
| Water Distribution                 |      |      |      |               |
| Sanitary Sewer Collection          |      |      |      |               |
| Drainage and Storm Sewers          |      |      |      |               |
| Streets and Bridges                |      |      |      |               |
| Fire Protection including hydrants |      |      |      |               |
| Other (list)                       |      |      |      |               |
| Other (list)                       |      |      |      |               |

- **O-SS 18:** Has the community pre-selected a housing board? If so, describe the make-up, the structure and list the Board's responsibilities. Discuss only information on what has taken place to date. Substantiate with documentation.
- O-SS 19: Describe any pre-drafted or adopted guidelines for participation in the project: priorities, conflict resolution, eligibility, walk-away policy, rehab and demolition construction management, conflict of

interest, etc. Discuss only decisions that have been made to date and substantiate the same. **Attach quidelines**.

- O-SS 20: Describe the administrative readiness of the community: Identify the applicant's official point of contact, designated finance officer (both must be city officials or employees), plan for administrative services or evidence of pre-selection, plan for rehabilitation inspection services or evidence of pre-selection, plan for lead paint risk assessment or evidence of pre-selection, environmental review status, and, if applicable (demolition activities), plan for asbestos inspection services or evidence of pre-selection.
- O-SS 21: Provide a list of rehab and demolition contractors to be used for this project. Include the MBE, WBE, and Section 3 contractors.
- O-SS 22: Attach a copy of a lead license for each contractor, supervisor, or worker that allows each contractor to disturb lead painted surfaces. Otherwise, provide copies of their HUD Lead Safe Work Practices training certificates.
- **O-SS 23:** Describe the method proposed for the <u>required</u> home maintenance and financial counseling. Who will perform the service(s) and how will the service(s) be implemented in the scattered-site area?
- O-SS 24: Describe <u>existing</u> supportive services within the project area that are <u>directly</u> provided to project area residents. Examples may include services such as meal-on-wheels, OATS, a satellite police station, or child care in area.
- **O-SS 25:** Describe the <u>need</u> for any <u>newly proposed</u> supportive services to be provided directly to project residents as part of this project.
- **O-SS 26:** Provide an implementation plan for the newly proposed services. Attach a letter from the proposed service provider(s).
- **O-SS 27:** Describe the existing supportive services provided <u>indirectly</u> to the entire community. Examples may include child care facilities, mental health services, Head Start programs, parks and recreation programs, congregate meals, etc.
- **O-SS 28:** Describe all existing community facilities.
- **O-SS 29:** Describe the economic well-being of the community. Include employers/businesses, job availability, stability or change, growth or decline.
- O-SS 30: For each of the following types of code enforcement indicate if the community enforces the code AND the number of violations, permits, or zoning reviews performed or issued in the last 2 years.

| Action                     | Exists in community? | Enforced in community? | Number in last 2 years |
|----------------------------|----------------------|------------------------|------------------------|
| Building codes             |                      |                        |                        |
| Housing codes              |                      |                        |                        |
| Occupancy permits          |                      |                        |                        |
| Property maintenance code  |                      |                        |                        |
| Condemnations              |                      |                        |                        |
| Unsafe Building Ordinances |                      |                        |                        |

- **O-SS 31:** How many structures have been brought up to code, or in compliance, or demolished by the applicant within the last two-years? Describe the applicant's process and procedures to achieve compliance or a demolition?
- **O-SS 32:** Discuss all efforts made within the past 5 years to address the housing needs of LMI households and your homeless population.
- O-SS 33: What are the amounts of the applicant's cash and in-kind matching funds committed to this project? Discuss its use in the project and how it will be documented.
- **O-SS 34:** What are the amounts of the subapplicant's cash and in-kind matching funds committed to this project? Discuss its use in the project and how it will be documented.

- O-SS 35: What are the amounts of other agency matching cash or in-kind funds committed to this project? Discuss its use in the project and how it will be documented.
- O-SS 36: What is the amount of private cash and/or in-kind match committed to this project? Private in-kind match is permissible, but not private in-kind labor. Are commitments in writing? Discuss all sources of private match use in the project and how it will be documented.
- O-SS 35: If applicable, explain and define the need for construction trade training necessary to carry out this project. Describe how any construction trade training activities will be carried out. Identify any preselected trainers and a description of their past training experience.
- O-SS 36: Provide a timeline for the initiation and completion of this project within 24-months.
- **Note:** The applicant must attach firm written matching fund commitments from all public and private funding sources. Contingent or uncommitted funds will not be awarded points in the rating system. Private cash match will be counted, but not private in-kind labor.

#### ADDITIONAL QUESTIONS FOR OTHER OPEN-CYCLE HOUSING CATEGORIES:

### **OPEN-CYCLE HOUSING: CONTINUUM OF CARE PROJECTS**

First, complete narrative questions OH – 1 through 0H – 33, then complete the narrative questions below.

- **O-CC 34:** Describe what project activities CDBG funds will be used to pay.
- O-CC 35: Describe the sources of all project funds that will be used to meet the project's total budget.
- O-CC 36: if the acquisition of land and/or a building is proposed for this project, does an option to purchase the property exist, or has a copy of the deed been included in this application document project site control?
- **O-CC 37:** Is the Uniform Relocation Assistance and Real Property Acquisition Policies Act applicable, and have those procedures been followed by the applicant? Include documentation of compliance.
- O-CC 38: Has a preliminary architectural and/or engineering report been submitted with the application to document project costs and feasibility? Attach a copy of the requisite report(s).

#### **OPEN-CYCLE: HOMEOWNERSHIP ASSISTANCE PROJECTS**

First, complete narrative questions OH – 1 through 0H – 33, then complete the narrative questions below.

- O-HA 34: Have any potential LMI homebuyers been prequalified for mortgages? If so, how many?
- O-HA 35: How will the applicant or subapplicant market your homebuyer assistance program?
- **O-HA 36:** Submit a sample project marketing brochure.
- **O-HA 37:** How will potential LMI homebuyers be informed of MHDC, Rural Development, and other affordable local mortgage products in order to avoid predatory lenders?
- **O-HA 38:** What minimum amount orpercentage of matching funds will your program require LMI homebuyers to contribute toward the purchase a home?
- **O-HA 39:** How will your homeowner's assistance program ensure that the PITI does not exceed 25% of the LMI famiy's gross household income? How will this be documented?
- **O-HA 40:** How will your program document that the assistance is being provided in compliance with HUD regulations, i.e., to pay not more than 50% of the required downpayment amount, up to 100% of the closing costs, or to reduce the amount of the principal or the interest rate?
- O-HA 41: What supportive services will be offered to potential LMI homebuyers and who will provide the services?

### **OPEN-CYCLE HOUSING: HOUSING INFRASTRUCTURE PROJECTS**

- First, complete narrative questions OH 1 through 0H 33, then complete the narrative questions below.
- **O-HI 34:** Has the preliminary engineering report to document the estimated infrastructure costs been included with this application?
- O-HI 35: What infrastructure costs will CDBG funds be used to pay?
- **O-H 36:** What source of funds will be used to pay any remaining infrastructure costs? Are letters of commitments attached to document commitments for those sources of funds?
- **O-HI 37:** Discuss the sources and uses of all funds for this project. Has supporting written commitments been submitted for all sources of funds?
- **O-HI 38:** Has site control been achieved, i.e., a copy of a deed, or contract for an option to purchase? Was that documentation submitted with the application.
- **O-HI 39:** Is the Uniform Relocation Assistance and Real Property Acquisition Policies Act applicable, and has those procedures been followed by the applicant? Include documentation of compliance.

#### **OPEN-CYCLE HOUSING: LEAD-BASED PAINT PROJECTS**

First, complete narrative questions OH – 1 through 0H – 33, then complete the narrative questions below.

- O-LBP 34: How many houses have been identified with lead-based paint in applicant's project area?
- O-LBP 35: How many of those homes have or had children found to be lead poisoned? Provide documentation from the local health department or the Missouri Department of Health and Senior Services records.
- **O-LBP 36:** How many affected property owners in the applicant's project area have submitted consent forms to participate in your proposed project? Attached signed consent forms.
- O-LBP 37: Have area licensed lead abatement contractors, supervisors, or workers been notified of your proposed project and indicated their intent to bid on the lead abatement work? Provide documentation.
- **O-LBP 38:** Describe how the lead agencies within the Missouri Department of Health and Senior Services will participate in your propose project?
- O-LBP 39: Describe any supportive services that will be included in this project and the provider of those services.

#### OTHER PUBLIC NEEDS

- **OPN 1**: Describe the need or needs addressed in the proposal.
- **OPN 2:** How did you substantiate or document the need? (Include market studies, surveys, etc.)
- **OPN 3:** What organizations, groups, or members of your community are participating with you to address the need?
- **OPN 4:** Describe the project's intended beneficiaries.
- **OPN 5**: If a viable community is one that is both livable and able to develop under favorable conditions:
  - How is this project going to improve the quality of life in the community?
  - How will this project make conditions more favorable so development may occur?
- **OPN 6:** If a for-profit or non-profit entity is involved in any stage of the proposal, please describe their specific role.
- **OPN 7:** Please describe the history and experience of the for-profit or non-profit entity (including financial and managerial capacity).
- **OPN 8:** Is the need currently being addressed in any manner?
- **OPN 9:** How will you know when you achieve success?

- **OPN 10:** Describe your proposed project in detail.
- **OPN 11:** Describe the complete financial budget for the proposal. Include sources and uses, projected cash flow, if applicable, and any other data that will prove the project is feasible.
- **OPN 12:** Provide a timeline or milestone schedule for implementation and competition of the proposed project.
- **OPN 13**: Describe all alternative solutions considered to address the need and why the one selected is best.
- **OPN 14:** Describe how the budget is cost effective.
- **OPN 15:** Why is the project an appropriate investment of grant funds?
- **OPN 16:** How will the improvements be maintained?
- **OPN 17:** Please provide specific, detailed information indicating how ready this project is to start once funding is awarded.
- **OPN 18:** How did you decide on the amount of local cash that you dedicated to this project?
- **OPN 19:** Describe, in detail, the local in-kind activities dedicated to this project.
- **OPN 20:** Does the project qualify for any other state or federal assistance programs?
- **OPN 21:** If yes, explain the participation of that program in this project.
- **OPN 22:** There will be no contingent awards made. Describe **ANY** financing not committed, or activities not completed, that may affect the ability of this project to move forward.
- **OPN 23:** What specifically has the community attempted in the past to address the need?

### OTHER PUBLIC NEEDS -- AMERICANS WITH DISABILITIES ACT (ADA) (Architectural Barrier Removal)

- ADA 1: Describe the necessary modifications that are related specifically to compliance with the ADA law.
- **ADA 2:** Are there any other building improvements scheduled that will coincide with the accessibility modifications? If so, please describe them and include anticipated sources of financing.
- ADA 3: How many elderly and disabled persons reside in your community?
- ADA 4: What percentage do elderly and disabled persons represent of the population in your community?
- ADA 5: How many floors in the building have offices that provide services to the public?
- **ADA 6:** Describe each of these offices and the specific services they provide. Include the average number of persons visiting each office on a daily basis.
- **ADA 7:** Describe any verifiable threats to personal health and safety that currently exist as a result of not having public access to your building.
- ADA 8: Complete the following plan format for your proposal, addressing all activities necessary to achieve full compliance with the law:

| ADA Activity | Cost | Source of Funds | Timeline for Completion |
|--------------|------|-----------------|-------------------------|
|              |      |                 |                         |

- ADA 9: Explain why this plan is the best alternative chosen to achieve a solution to the accessibility issue.
- ADA 10: Describe all of the dollars (public and private) that have been spent annually as a result of not having an accessible building.
- ADA 11: Describe the costs per beneficiary for the total project dollars and the cost per beneficiary for the CDBG dollars requested.
- ADA 12: Describe how the improvements will be maintained? (service contracts? reserve accounts?)
- ADA 13: How did you decide on the amount of local cash that you dedicated to this project?

- ADA 14: Explain how you developed the overall financing package for the project.
- ADA 15: Describe (in detail) the in-kind activities dedicated to this project.
- ADA 16: Does this project qualify for any other state or federal assistance program(s)?
- **ADA 17:** If yes, and funding from another program is included, please describe this participation.
- **ADA 18:** If yes, but funding from the program was not accessed, please explain why.
- **ADA 19:** There will be no contingent awards made. Describe ANY financing or activities not completed or committed that may affect the ability of this project to move forward.
- ADA 20: What has the community done in the past in an attempt to solve the problem?
- **ADA 21:** Has a ballot issue been proposed to voters? What was the result? If not attempted, explain the reasons why.
- **ADA 22:** Please provide specific, detailed information indicating the readiness of this project to start if funding is awarded.

### **PLANNING GRANT PROJECTS**

- PL 1: What are the specific problems/issues that the community is currently facing?
- PL 2: What will the proposed study accomplish?
- PL 3: Describe the positive results of that accomplishment.
- PL 4: Describe the negative results of that accomplishment.
- **PL 5:** Describe the public's awareness of the problem.
- **PL 6:** Describe the public opinion of the solution proposed.
- PL 7: Describe any actions in the proposed plan that will specifically impact the users' health and safety.
- PL 8: Describe any actions in the proposed plan that will specifically impact environmental issues.
- PL 9: Describe any actions in the proposed plan that will specifically impact housing need/development.
- PL 10: Describe any actions in the proposed solution that will specifically infrastructure/redevelopment.
- PL 11: How did you decide on the amount of local cash that you dedicated to the project? Is it at least a 50% match?
- PL 12: Would there be more than one entity working on the plan? If so, how is it divided?
- PL 13: What activities/efforts have been done in the past (by the community) to address the problem/issue?
- **PL 14:** Describe in detail any in-kind contribution to this project.
- PL 15: Provide specific information why the planning grant is needed and what impact it will have on the community and the project.
- **PL 16:** What are the goals (long-term and short-term) to be addressed in this planning process? How will you know when you've been successful?
- **PL 17:** What is the community's capacity for addressing recommendations determined by the planning process? In other words, what is the proof that the plan won't simply sit on a shelf?

#### WATER AND WASTEWATER PUBLIC FACILITY PROJECTS

- **PF 1:** Of the following scenarios, please select all that apply to your particular project and provide a detailed explanation (continued on following page).
  - a. Obsolescence of an existing facility
  - b. Lack of existence of a needed facility
  - c. Regulatory requirements which require improvements
  - d. Improper maintenance

- e. Improper design of the original facility
- f. Significant or unexpected growth
- g. Potential or anticipated growth
- h. Long term strategic or capital improvement planning
- i. System failure
- j. Inherent social/economic factors
- k. Natural or manmade disaster
- I. Other
- **PF 2:** Provide a history, if applicable, of your system, including how it was originally financed.
- **PF 3:** What significant changes, if applicable, have taken place that lead to the need for construction or improvement of your system?
- PF 4: What threats to the health and safety of your citizens currently exists as a result of this need?
- **PF 5:** Describe any environmental concerns that exist as a result of your need.
- **PF 6:** Describe any property damage that exists as a result of the need.
- **PF 7:** Describe the financial management system established for the water or wastewater utility:
  - a. Is there a separate fund established?
  - b. Are revenues and expenses tracked?
  - c. How are delinquent accounts handled?
  - d. Is the system subsidized at all by other utility funds or general revenue fund?
- **PF 8:** Do you have a licensed operator?
- **PF 9:** Have you completed an overall system evaluation? Please explain.
- **PF 10:** Describe the proposed project in detail.
- **PF** 11: Please provide a detailed timeline of the project (easement acquisition, construction bidding, etc.).
- PF 12: What costs are associated with the easements?
- **PF 13**: Who is the proposed responsible party for each step of the easement process?
- **PF 14:** Describe all of the dollars spent as a result of your current need.
- **PF 15:** Describe the costs per beneficiary for the total project dollars and the costs per beneficiary for the CDBG dollars requested.
- **PF 16:** Describe how the system will be maintained (both financially and physically).
- **PF 17:** Please provide specific, detailed information indicating how ready this project is to start once funding is awarded.
- **PF 18:** Describe, in detail, the in-kind contribution for this project.
- **PF 19:** There will be no contingent awards made. Describe **ANY** financing or activities not completed or committed that may affect the ability of this project to move forward.
- **PF 20:** What has the community done in the past to try and solve the problem?

#### **ENGINEERING FACILITY PLAN/PLANS AND SPECS PROJECTS**

- **FP 1:** Describe the beneficiaries of the proposed project.
- **FP 2:** Describe the project in detail.
- **FP 3:** Provide a timeline for completion of the plans and specifications.
- **FP 4:** Define the urgency or necessity to complete the project.
- **FP 5:** Describe any existing property damage.
- FP 6: To what extent will this project meet all of the needs of the system?
- **FP 7:** Are there any existing threats to the health and safety of the beneficiaries? If so, please explain.

- **FP 8:** Are there any existing threats to the environment? If so, please explain.
- FP 9: Describe the existing technical, financial, and managerial capacity of the system in detail.
- **FP 10:** Provide specific information why the grant is needed and what impact it will have on the community and the project.
- **FP 11:** What is the current placement of the project on the IUP (carryover project)?
- **FP 12:** If carryover project, have you re-applied to DNR?



#### MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

### FY-2005 APPLICATION: FORM H - CIVIL RIGHTS COMPLIANCE

| OF 1964, PROVIDE THE INFORMATION IN THE<br>REPORT TOTAL POPULATION AS FOUND IN C<br>SHOULD MATCH FORM A, BLOCK 4. | SPACE BELOV<br>ENSUS OR SU       | V.<br>RVEY.                         |
|---|----------------------------------|-------------------------------------|
|   |                                  | _                                   |
|   | Total<br>Applicant<br>Population | Hispanic<br>Applicant<br>Population |
| White:  |                                  |                                     |
| Black/African American:   |                                  |                                     |
| Asian:  |                                  |                                     |
| American Indian/Alaskan Native:   |                                  |                                     |
| Native Hawaiian/Other Pacific Islander:   |                                  |                                     |
| American Indian/Alaskan Native & White:   |                                  |                                     |
| Asian & White:  |                                  |                                     |
| Black/African American & White:   |                                  |                                     |
| Am. Indian/Alaskan Native & Black/African Am.:  |                                  |                                     |
| Asian & Native Hawaiian/Other Pacific Islander:   |                                  |                                     |
| All Others:   |                                  |                                     |
| TOTAL   |                                  |                                     |
|   | I                                | _                                   |
| Female Head of Household:   |                                  |                                     |
| Handicapped (Disabled):   |                                  |                                     |
| Elderly:  |                                  |                                     |

| BE SERVED BY THE PROJECT.   | W FOR THE PE                   | RSUNS TU                             |
|---|--------------------------------|--------------------------------------|
| REPORT TOTAL PERSONS TO BE SERVED BY THAN QUESTION 1. SHOULD MATCH FORM A |                                | DIFFERENT                            |
| THAT QUEUTION I. OHOUED WATERING  | , DEGGIN 0.                    |                                      |
|   | Total Project<br>Beneficiaries | Hispanic<br>Project<br>Beneficiaries |
| White:  |                                |                                      |
| Black/African American:   |                                |                                      |
| Asian:  |                                |                                      |
| American Indian/Alaskan Native:   |                                |                                      |
| Native Hawaiian/Other Pacific Islander:                                   |                                |                                      |
| American Indian/Alaskan Native & White:                                   |                                |                                      |
| Asian & White:  |                                |                                      |
| Black/African American & White:   |                                |                                      |
| Am. Indian/Alaskan Native & Black/African Am.:                            |                                |                                      |
| Asian & Native Hawaiian/Other Pacific Islander:                           |                                |                                      |
| All Others:   |                                |                                      |
| TOTAL   |                                |                                      |

IDENTIFY THE MINORITY GROUP(S) POPULATIONS, OR PORTION THEREOF, RESIDING IN THE APPLICANTS JURISDICTION THAT WILL NOT BE SERVED BY ONE OR MORE OF THE PROPOSED ACTIVITIES AND EXPLAIN WHY. NOTE: "NOT APPLICABLE" IS NOT A SUFFICIENT RESPONSE.

Female Head of Household:

Handicapped (Disabled):

Elderly:

Please note: An individual Form H is required for **each jurisdiction** in a multi-jurisdictional application.



# MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM FY-2005 APPLICATION: FORM I – PUBLIC PARTICIPATION AND NEEDS ASSESSMENT

| 1. PUBLIC PARTICIPATION REQUIREMENT   |                            |
|---|----------------------------|
| ATTACH:   |                            |
| COPY OF PUBLIC HEARING NOTICE FROM NEWSPAPER (PHOTOCOPY MUST INCLUDE DATE OF PUBLICATION AS THEY APPEAR ON THE PAGE, OTHERWISE SUBMIT AFFIDAVIT).   | OF PUBLICATION AND NAME OF |
| OR  |                            |
| COPY OF POSTED ADVERTISEMENT  |                            |
| CERTIFIED LIST OF POSTING SITES WITH DATES POSTED, IF APPLICABLE  |                            |
| COPY OF THE MINUTES OF THE HEARING  |                            |
| DATE OF NEWSPAPER ADVERTISEMENT, IF APPLICABLE:   |                            |
| DATE OF POSTINGS (IF APPLICABLE):   |                            |
| DATE OF PUBLIC HEARING:   |                            |
| 2. CONFLICT OF INTEREST   |                            |
| CONFLICT OF INTEREST CERTIFICATION: CHECK THE APPROPRIATE BOX BELOW, AND CERTIFY APPLICANT'S CHIEF ELECTED OFFICIAL.  | WITH THE SIGNATURE OF THE  |
| I HAVE READ THE CONFLICT OF INTEREST POLICY IN STEP 2 OF THE GUIDELINES AND HERE KNOWLEDGE OF CONFLICTS, REAL OR APPARENT, REGARDING ANY OF THE ENTITIES, OR INVOLVED IN THE PROJECT AS HEREIN DESCRIBED. |                            |
| A POTENTIAL OR REAL CONFLICT OF INTEREST EXISTS WITH THIS PROJECT, AND IS FULLY ATTACHED SHEET OF PAPER.  | DESCRIBED ON AN            |
|   |                            |
| CHIEF ELECTED OFFICIAL  3. NEEDS ASSESSMENT REQUIREMENT   | DATE                       |
| ATTACH:   |                            |
| ☐ COMPLETED AND EXECUTED NEEDS ASSESSMENT DOCUMENT PAGE (SIGNED BY PROPER O   | OFFICIAL)                  |
| ☐ SUPPORTING DOCUMENTATION OF ANY ADDITIONAL MEETINGS WHERE INFORMATION WAS   | COMPILED                   |
| ☐ SIGN IN SHEETS  |                            |
| DESCRIBE ALL ACTIVITIES TAKEN TO OBTAIN SUBSTANTIAL PUBLIC INPUT IN COMPILING THE NE DOCUMENT:  | EDS ASSESSMENT             |
|   |                            |
|   |                            |
|   |                            |
|   |                            |
|   |                            |
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|   |                            |
|   |                            |



### MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

### FY-2005 APPLICATION: COMMUNITY NEEDS ASSESSMENT (PAGE 1 OF 4)

#### 1. APPLICANT NAME:

#### 2. PERCENT OF LOW & MODERATE INCOME (LMI) PERSONS IN THE APPLICANT'S JURISDICTION (CITY/COUNTY):

Please complete all sections of this document except D, E, and part of H (which may be completed using census data) at the time of preapplication required public hearing and any subsequent meetings the community feels necessary to compile a representative response for the community. The responses should best reflect the consensus of the hearing participants as a whole. There are no right or wrong responses. The assessment should honestly reflect the public's opinion and perception. If the elected officials disagree with any majority answer, an explanation should be offered.

|   |                  | QUALITY OF FACILITIES AFFECTING |      |      |  |
|---|------------------|---------------------------------|------|------|--|
|   | ENTIRE           | ENTIRE JURISDICTION (Check on   |      |      |  |
| A. PUBLIC WORKS INFRASTRUCTURE (Address & complete at public hearing) | DOESN'T<br>EXIST | GOOD                            | FAIR | POOR |  |
| 1. WATER SOURCE   |                  |                                 |      |      |  |
| 2. WATER TREATMENT  |                  |                                 |      |      |  |
| 3. WATER DISTRIBUTION   |                  |                                 |      |      |  |
| 4. SANITARY SEWER TREATMENT   |                  |                                 |      |      |  |
| 5. SANITARY SEWER COLLECTION  |                  |                                 |      |      |  |
| 6. STORM SEWER COLLECTION   |                  |                                 |      |      |  |
| 7. OTHER DRAINAGE   |                  |                                 |      |      |  |
| 8. STREETS/DRAINAGE   |                  |                                 |      |      |  |
| 9. BRIDGES  |                  |                                 |      |      |  |
| 10. SIDEWALKS   |                  |                                 |      |      |  |
| 11. PARKS/RECREATION FACILITIES                                       |                  |                                 |      |      |  |
| 12. LANDFILL  |                  |                                 |      |      |  |
| 13. ELECTRICAL GENERATION OR DISTRIBUTION                             |                  |                                 |      |      |  |
| 14. NATURAL GAS DISTRIBUTION  |                  |                                 |      |      |  |
| 15. OTHER (LIST):   |                  |                                 |      |      |  |
| B. PUBLIC SERVICES (Address & complete at public hearing)             |                  |                                 |      |      |  |
| 1. FIRE PROTECTION  |                  |                                 |      |      |  |
| 2. POLICE SERVICES  |                  |                                 |      |      |  |
| 3. CODE ENFORCEMENT/PLANNING/ZONING                                   |                  |                                 |      |      |  |
| 4. ENERGY CONSERVATION  |                  |                                 |      |      |  |
| 5. HEALTH CARE  |                  |                                 |      |      |  |
| 6. RECREATIONAL/CULTURAL ACTIVITIES                                   |                  |                                 |      |      |  |
| 7. SNOW REMOVAL   |                  |                                 |      |      |  |
| 8. STREET CLEANING  |                  |                                 |      |      |  |
| 9. PARK MAINTENANCE   |                  |                                 |      |      |  |
| 10. EMERGENCY MEDICAL SERVICES  |                  | _                               |      |      |  |
| 11. TRASH REMOVAL   |                  |                                 |      |      |  |
| 12. STREET LIGHTING   |                  |                                 |      |      |  |
| 13. SIDEWALKS   |                  |                                 |      |      |  |
| 14. PARKING   |                  |                                 |      |      |  |
| 15. OTHER (LIST):   |                  |                                 |      |      |  |

### **COMMUNITY NEEDS ASSESSMENT (PAGE 2 OF 4)**

| C. COMMUNITY FACILITIES (Address & complete at public hearing)  | DOESN'T<br>EXIST | GOO                       | DD | FAIR | POOR   |  |
|---|------------------|---------------------------|----|------|--------|--|
| 1. COMMUNITY CENTER   |                  |                           |    |      |        |  |
| 2. SENIOR CITIZEN CENTER  |                  |                           |    |      |        |  |
| 3. HISTORIC PRESERVATION  |                  |                           |    |      |        |  |
| 4. SHELTERED WORKSHOP   |                  |                           |    |      |        |  |
| 5. HOSPITAL(S)  |                  |                           |    |      |        |  |
| 6. INFANT/DAY CARE  |                  |                           |    |      |        |  |
| 7. MENTAL HEALTH COUNSELING SERVICES  |                  |                           |    |      |        |  |
| 8. SENIOR CITIZEN TRANSPORTATION  |                  |                           |    |      |        |  |
| 9. TEEN/YOUTH CENTER  |                  |                           |    |      |        |  |
| 10. DRUG ABUSE PREVENTION/REHABILITATION  |                  |                           |    |      |        |  |
| 11. CRIME PREVENTION PROGRAM  |                  |                           |    |      |        |  |
| 12. COMMUNITY THEATER   |                  |                           |    |      |        |  |
| 13. LIBRARY   |                  |                           |    |      |        |  |
| 14. OTHER (LIST):   |                  |                           |    |      |        |  |
| D. HOUSING (Required by all applicants – may be completed using census data rather than public hearing.)  | SINGLE<br>FAMILY | MUL                       |    | WNER | RENTAL |  |
| NUMBER OF OCCUPIED HOUSING UNITS  |                  |                           |    |      |        |  |
| 2. NUMBER OF HOUSING UNITS OCCUPIED BY LMI (80% OR LESS OF MEDIAN INCOME)   |                  |                           |    |      |        |  |
| 3. NUMBER OF HOUSING UNITS OCCUPIED BY VERY LOW INCOME (50% OR LESS OF MEDIAN)  |                  |                           |    |      |        |  |
| 4. NUMBER OF HOUSING UNITS OCCUPIED BY EXTREMELY LOW INCOME (30% OR LESS OF MEDIAN)   |                  |                           |    |      |        |  |
| 5. NUMBER OF SUBSTANDARD HOUSING UNITS  |                  |                           |    |      |        |  |
| 6. VACANCY RATE (%)   |                  |                           |    |      |        |  |
| 7. NUMBER OF DILAPIDATED UNITS REQUIRING DEMOLITION   |                  |                           |    |      |        |  |
| 8. NUMBER OF OCCUPIED DILAPIDATED UNITS   |                  |                           |    |      |        |  |
| 9. NEW HOUSING UNITS NEEDED TO PROVIDE HOUSING FOR NEW EMPLOYMENT   |                  |                           |    |      |        |  |
| 10. NUMBER OF HOUSING UNITS NEEDED TO REPLACE HOUSING TO BE DEMOLISHED  |                  |                           |    |      |        |  |
| 11. NUMBER OF AFFORDABLE HOUSING UNITS AVAILABLE  |                  |                           |    |      |        |  |
| 12. NUMBER OF RENT-SUBSIDIZED UNITS   |                  |                           |    |      |        |  |
| 13. NUMBER OF UNITS NEEDING RENT SUBSIDIES  |                  |                           |    |      |        |  |
| 14. NUMBER OF UNITS AVAILABLE FOR PERSON WITH SPECIAL NEEDS (PHYSICALLY OR MENTALLY CHALLENGED)   |                  |                           |    |      |        |  |
| 15. NUMBER OF HOUSING UNITS NEEDED FOR PERSONS WITH SPECIAL NEEDS   |                  |                           |    |      |        |  |
| E. HOUSING MARKET WITHIN COMMUNITY (Required by all applicants – may be completed using census or local housing data rather than at public hearing) |                  | AVAILABILITY (Circle one) |    |      |        |  |
|   | LOW              |                           |    |      | HIGH   |  |
| 1. DUPLEXES FOR RENT  | 1                | 2                         | 3  | 4    | 5      |  |
| 2. MEDIUM TO LARGE APARTMENTS (2+ BEDROOMS)   | 1                | 2                         | 3  | 4    | 5      |  |
| 3. LOW PRICED SINGLE FAMILY HOMES (UNDER \$40,000)  | 1                | 2                         | 3  | 4    | 5      |  |
| 4. MEDIUM PRICED SINGLE FAMILY HOMES (\$40,000 TO \$90,000)   | 1                | 2                         | 3  | 4    | 5      |  |
|   |                  |                           |    |      |        |  |

### **COMMUNITY NEEDS ASSESSMENT (PAGE 3 OF 4)**

| F. COMMUNITY HEALTH ENVIRONMENT (Address & complete at public hearing)  |                 | AVAILABILITY (Circle one) |                  |      |      |
|---|-----------------|---------------------------|------------------|------|------|
|   | LOW             |                           |                  |      | HIGH |
| 1. PRIMARY CARE PHYSICIANS  | 1               | 2                         | 3                | 4    | 5    |
| 2. HEALTH CARE SPECIALISTS  | 1               | 2                         | 3                | 4    | 5    |
| 3. WALK-IN CLINICS  | 1               | 2                         | 3                | 4    | 5    |
| 4. MOBILE CLINICS   | 1               | 2                         | 3                | 4    | 5    |
| 5. DENTISTS   | 1               | 2                         | 3                | 4    | 5    |
| 6. HOME CARE SERVICES   | 1               | 2                         | 3                | 4    | 5    |
| 7. LICENSED CHILD CARE  | 1               | 2                         | 3                | 4    | 5    |
| 8. YOUTH/ELDERLY SERVICES   | 1               | 2                         | 3                | 4    | 5    |
| 9. SUBSTANCE ABUSE PROGRAMS   | 1               | 2                         | 3                | 4    | 5    |
| 10. PATIENT TRANSPORTATION SERVICES   | 1               | 2                         | 3                | 4    | 5    |
| 11. EMS/911   | 1               | 2                         | 3                | 4    | 5    |
| G. EDUCATION PROFILE (Address & complete at public hearing)   |                 | AVAILABILITY (Circle one) |                  |      |      |
|   | LOW             |                           |                  |      | HIGH |
| 1. PRESCHOOLS   | 1               | 2                         | 3                | 4    | 5    |
| 2. PUBLIC SCHOOLS   | 1               | 2                         | 3                | 4    | 5    |
| 3. PRIVATE SCHOOLS  | 1               | 2                         | 3                | 4    | 5    |
| 4. VOCATIONAL SCHOOLS   | 1               | 2                         | 3                | 4    | 5    |
| 5. COMMUNITY COLLEGES   | 1               | 2                         | 3                | 4    | 5    |
| 6. UNIVERSITIES   | 1               | 2                         | 3                | 4    | 5    |
| 7. CONTINUING EDUCATION   | 1               | 2                         | 3                | 4    | 5    |
| 8. EMPLOYER-BASED SKILLS TRAINING   | 1               | 2                         | 3                | 4    | 5    |
| 9. COOPERATIVE SCHOOL-BUSINESS PARTNERSHIPS   | 1               | 2                         | 3                | 4    | 5    |
| 10. SHARED SCHOOL FACILITIES (RECREATION, LIBRARY, ETC.)  | 1               | 2                         | 3                | 4    | 5    |
| 11. ENTREPRENEURSHIP TRAINING   | 1               | 2                         | 3                | 4    | 5    |
| 12. CHILDREN'S GROUPS (4-H, SCOUTS, ETC.)   | 1               | 2                         | 3                | 4    | 5    |
| 13. OTHER (LIST):   | 1               | 2                         | 3                | 4    | 5    |
| H. ECONOMIC DEVELOPMENT (Required by all applicants – may be completed us                                     | sing local data | a.)                       |                  |      |      |
| 1. AVERAGE RATE OF UNEMPLOYMENT FOR THE COUNTY FOR THE PAST SIX MONTHS (PE                                    | ERCENTAGE):     |                           |                  |      | %    |
| 2. AVERAGE RATE OF UNEMPLOYMENT FOR THE COUNTY FOR THE PAST YEAR (PERCENT                                     | TAGE):          |                           |                  |      | %    |
| 3. AVERAGE WORK FORCE AGE (example – 20-30, 30-40, 40-50, 50-60, 60+):  |                 |                           |                  |      |      |
| 4. WHAT ARE THE COMMUNITY'S PREDOMINATE JOB SKILLS?   | s $\square$     | NON-SKIL                  | LED JOBS         | 1    |      |
| 5. EDUCATION LEVEL FOR MOST OF THE WORK FORCE (CHECK THE ONE THAT BEST REPLIED HIGH SCHOOL COLLEGE/UNIVERSITY | _               |                           | TY)<br>FY/VOCATI | ONAL |      |
| 6. DOES THE COMMUNITY HAVE AN ENTERPRISE ZONE?  | ☐ NO            | )                         |                  |      |      |
| 7. IS THE COMMUNITY PLANNING TO OBTAIN AN ENTERPRISE ZONE? YES  | ☐ NO            | )                         |                  |      |      |
| 8. DOES THE COMMUNITY CURRENTLY HAVE AN INDUSTRIAL PARK?  | ☐ NO            | )                         |                  |      |      |
| 9. IF THE ANSWER IS "YES" TO ITEM 8, PLEASE INDICATE IF IT IS   | ☐ PR            | IVATE                     |                  | вотн |      |

| COMMUNITY NEEDS ASSESSMENT (PAGE 4 OF 4)  |                  |            |            |      |  |
|---|------------------|------------|------------|------|--|
| 10. DESCRIBE THE FOLLOWING CONDITIONS OF ANY PRESENT INDUSTRIAL PARK(S): (Please check the appropriate box)   | DOESN'T<br>EXIST | GOOD       | FAIR       | POOR |  |
| A. ROADS  |                  |            |            |      |  |
| B. SEWER  |                  |            |            |      |  |
| C. WATER  |                  |            |            |      |  |
| D. ELECTRIC   |                  |            |            |      |  |
| E. GAS  |                  |            |            |      |  |
| F. LIGHTING   |                  |            |            |      |  |
| G. RAIL   |                  |            |            |      |  |
| 11. DESCRIBE ANY ACTIONS PROPOSED TO STIMULATE EMPLOYMENT AND PRIVATE INVESTMENT:   |                  |            |            |      |  |
| I. EMPLOYMENT OPPORTUNITIES (Address & complete at public hearing)  | AV               | AILABILITY | (Circle on | e)   |  |
|   | LOW              |            | HIGH       |      |  |
| 1. SKILLED JOBS   | 1                | 2 3        | 4          | 5    |  |
| 2. NON-SKILLED JOBS   | 1                | 2 3        | 4          | 5    |  |
| 3. JOB TRAINING   | 1                | 2 3        | 4          | 5    |  |
| J. IDENTIFY THE COMMUNITY'S TOP FIVE PRIORITY NEEDS IN THIS ASSESSMENT – LIS INTENTION TO ADDRESS   | T IN ORDER O     | F IMPORTA  | ANCE ANI   | )    |  |
| 1.  |                  |            |            |      |  |
| 2.  |                  |            |            |      |  |
| 3.  |                  |            |            |      |  |
| 4.  |                  |            |            |      |  |
| 5.  |                  |            |            |      |  |
| K. DESCRIBE THE PROPOSED PROJECT AS IT RELATES TO THE TOP FIVE PRIORITIES:  |                  |            |            |      |  |
| L. IF THE PROPOSED PROJECT DOES NOT APPEAR IN THE TOP FIVE COMMUNITY PRIC   | ORITIES, PROV    | IDE AN EX  | PLANATI    | ON:  |  |
| THIS DOCUMENT WAS COMPLETED BY CONSENSUS (WHERE REQUIRED) OF THE PARTIC PUBLIC HEARING HELD ON, 20, AND SUBSEQUENT MEETII 20 SUPPORTIVE DOCUMENTATION OF ALL MEETINGS (MINUTES, SIGN IN SHEET | NGS HELD ON      |            |            |      |  |
| SIGNATURE OF CHIEF ELECTED OFFICIAL   | DATE             |            |            |      |  |
| OF STATE OF STREET ELECTED STEINING   |                  |            |            |      |  |



### MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

FY-2005 APPLICATION: FORM J - STATEMENT OF ASSURANCES

(An individual Statement of Assurances is required for <u>each jurisdiction</u> in a multi-jurisdictional application.)

The applicant hereby assures and certifies that:

- (a) It possesses legal authority to apply for the grant, and execute the proposed program.
- (b) Its governing body has duly adopted or passed, as an official act, a resolution, motion or similar action authorizing the filing of the application, including all understandings and assurances contained therein, and direction, and authorizing the applicant's chief executive officer to act in connection with the application and to provide such additional information as may be required.
- (c) It has facilitated or will facilitate citizen participation by:
  - (1) Providing citizens with an opportunity to participate in the determination of priorities in community development and housing needs;
  - (2) Providing adequate notices for one or more public hearings;
  - (3) Holding one or more hearings on the proposed application before adoption of a resolution or similar action by the local governing body authorizing the filing of the application;
  - (4) Providing for citizen participation when considering amendments to community development program;
  - (5) Providing for citizen participation in the planning and assessment of the community development program including the development of a performance report and the submission of views to the state; and
  - (6) Actions comparable to Section 104(a)(2) of the Act, as described by the State.
- (d) Its chief executive officer or other officer of applicant approved by the State:
  - (1) consents to assume the status of a responsible Federal official under the National Environmental Policy Act of 1969 (NEPA) and other provisions of Federal law, as specified in 24 CFR Part 58, which furthers the purposes of NEPA insofar as the provisions of such Federal law apply to the Missouri Community Development Block Grant Program;
  - (2) is authorized and consents on behalf of the applicant and himself to accept the jurisdiction of the Federal courts for the purpose of enforcement of his responsibilities as such an official.
- (e) The Community Development Block Grant program has been developed so as to give maximum feasible priority to activities which will benefit low and moderate income families, or aid in the prevention or elimination of slums or blight; or includes activities which the grantee certifies are designed to meet other community development needs having a particular urgency as specifically explained in the application.
- (f) It will comply with the regulations, policies, guidelines, and requirements of 24 CFR 85, as modified by 24 CFR 570, Subpart J, as they relate to the application, acceptance, and use of Federal funds under this document.
- (g) It will comply with:
  - (1) Section 110 of the Housing and Community Development Act of 1974, as amended, 24 CFR 570.603, and State regulations regarding the administration and enforcement of labor standards;
  - (2) Davis-Bacon Act (46 U.S.C. 2786a) with respect to prevailing wage rates (except where exempted under the law):
  - (3) Contract Work Hours and Safety Standards Act of 1962, 40 U.S.C. 327-332, requiring that mechanics and laborers (including watchmen and guards) employed on federally assisted contracts be paid wages of not less than one and one-half times their basis wage rates for all hours worked in excess of eight in a calendar day or forty in a work-week, whichever is greater; and
  - (4) Federal Fair Labor Standards Act, 29 U.S.C. Sec. 201 et seq. requiring that covered employees be paid at least the minimum prescribed wage, and also that they be paid one and one-half times their basic wage rate for all hours worked in excess of the prescribed work-week.
- (h) It will comply with all requirements imposed by the State concerning special requirements of law, program requirements, and other administrative requirements, including, but not limited to, the requirement that a grant recipient must repay to the State, upon sale of the CDBG-funded real property to a non-eligible entity, a prorata portion of the proceeds of the sale, as set forth in the CDBG Administrative Manual.
- (i) It will comply with:
  - (1) Title VI of the Civil Rights Act of 1964 (Pub. Law 88-352), and the regulations issued pursuant thereto (24 CFR Part 1), which provides that no person in the United States shall on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance and immediately take any measure necessary to effectuate this assurance. If any real property or

structure thereon is provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended, or for another purpose involving the provision of similar services or benefits:

- (2) Title VIII of the Civil Rights Act of 1968 (Pub. Law 90-284), as amended, administering all programs and activities relating to housing and community development in a manner to affirmatively further fair housing; and will take action to affirmatively further fair housing in the sale or rental of housing; the financing of housing, and the provisions of brokerage services:
- (3) Executive Order 12259, Leadership and Coordinator of Fair Housing in Federal Programs, requiring that programs and activities relating to housing and urban development be administered in a manner affirmatively to further the goals of Title VIII of the Civil Rights Act of 1968:
- (4) Section 109 of the Housing and Community Development Act of 1974 (ACT) as amended, and the regulations issued pursuant thereto (24 CFR 570.602), which provides that no person in the United States shall, on the grounds of race, color, religion, national origin, or sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity funded in whole or in part with funds provided under the act. Any prohibition against discrimination on the basis of age under the Age Discrimination Act of 1975 or with respect to otherwise qualified handicapped individuals as provided in Section 504 of the Rehabilitation Act of 1973 as amended shall also apply to any such program activity.
- (5) Titles I through V of the Americans with Disabilities Act of 1990;
- (6) Executive Order 11063 on equal opportunity in housing and nondiscrimination in the sale or rental of housing built with Federal Assistance;
- (7) Executive Order 11246 as amended by Executive Orders 11375 and 12086, and the regulations issued pursuant thereto (24CFR Part 130 and 41 CFR Chapter 60), which provide that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of federal or federally assisted construction contracts; shall take affirmative actions to insure fair treatment in employment, upgrading, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation and selection for training and apprenticeship; and
- (8) Policies required by the State to affirmatively further fair housing, derived from section 808(e)(5) of the Fair Housing Act (Title VIII of the Civil rights Act of 1968 (Pub. Law 90-284), as amended, and subsequent legislation.
- (j) It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended which provides that, to the greatest extent feasible, opportunities for training and employment shall be given to recipients of public housing and lower-income residents of the unit of local government or the metropolitan area (or non-metropolitan county) in which the project is located. Contract work in connection with such projects shall be awarded to business concerns which are owned in substantial part by persons residing in the same metropolitan area (or non-metropolitan county) as the project, employ Section 3 residents in full-time positions, or subcontract with businesses which provide economic opportunities to low income persons.
- (k) It will
  - (1) To the greatest practical extent under State law, comply with Sections 301 and 302 of Title III (Uniform Real Property Acquisition Policy) of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and will comply with Sections 303 and 304 of Title III, and HUD implementing instructions at 49 CFR Part 24; and
  - (2) Inform affected persons of their rights and of the acquisition policies and procedures set forth in the regulations at 49 CFR Part 24 and 24 CFR 570.488
- (I) It will
  - (1) Comply with Title II, of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended, and HUD implementing regulations at 49 CFR Part 24 and 24 CFR Part 570.488;
  - (2) Provide relocation payments and offer relocation assistance as described in Section 205 of the Uniform Relocation Act or Section 104(d) of Title I of the Housing and Community Development Act of 1974, as amended, and HUD implementing regulations at 24 CFR 570.488 to all persons displaced as a result of acquisition of real property for an activity assisted under the Community Development Block Grant program. Such payments and assistance shall be provided in a fair, consistent and equitable manner that insures that the relocation process does not result in different or separate treatment of such persons on account of race, color, religion, national origin, sex, handicap, familial status or source of income.

- (3) Assure that, within a reasonable period of time prior to displacement, comparable decent, safe and sanitary replacement dwellings will be available to all displaced families and individuals and that the range of choices available to such persons will not vary on account of their race, color, religion, handicap, familial status, or source of income.
- (4) Inform affected persons of the relocation assistance, policies and procedures set forth in the regulations at 49 CFR Part 24 and 24 CFR 570.488.
- (m) It will abide by the terms and conditions of the Department of Economic Development's Conflict of Interest Program Policy as adopted March 1, 1987, and any additions thereto for all activities paid for or assisted by Community Development Block Grant funds.
- (n) It will comply with the Anti-kickback Copeland Act of 1934, 18 U.S.C. Sec. 874 and 40 U.S.C. Sec. 276(a), which outlaws and prescribes penalties for "kickbacks" of wages in federally financed or assisted construction activities.
- (o) It will comply with the provisions of the Hatch Act which limits the political activity of employees.
- (p) It will give the State, HUD and Comptroller General, through any authorized representatives, access to and the right to examine all records, books, papers, or documents relating to the grant.
- (q) It will insure that the facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the program are not listed on the Environmental Protection Agency (EPA) list of Violating Facilities and that it will notify the State of the receipt of any communication from the Director of the EPA Office of Federal Activities indicating that a facility to be used in the project is under consideration for listing with the EPA.
- (r) It will comply with the flood insurance purchase of the Section 102(a) of the Flood Disaster Protection Act of 1973, Pub. Law 903-234, 87 Part 975, approved December 31, 1973, Section 102(a) required, on and after March 2, 1974, the purchase of flood insurance in communities where such insurance is available as a condition for the receipt of any Federal financial assistance for construction or acquisition purposes for use in any area that has been identified by the Secretary of the Department of Housing and Urban Development as an area having special flood hazards. The phrase "Federal financial assistance" includes any form of loan, grant guaranty, insurance payment, rebate, subsidy, disaster assistance loan or grant, or any other form of direct or indirect Federal assistance.
- (s) It will, in connection with its performance of environmental assessment under the National Historic Preservation Act of 1966 (16 U.S.C. 470), Executive Order 11593, and Preservation of Archeological and Historical Preservation Act of 1966 (16 U.S. C. 469-1, et seq.) by:
  - Consulting with the State Historical Preservation Officer to identify properties listed in or eligible for inclusion in the National Register of Historic Places that are subject to adverse effects (see 36CFR Part 800.8) by proposed activity; and
  - (2) Complying with all requirements established by the State to avoid or mitigate adverse effects upon such properties.
- (t) It will comply with:
  - (1) The National Environmental Policy Act of 1969 (42 U.S. C. Sec. 4321 et seq.) and 24 CFR Part 58;
  - (2) Executive Order 11988, Floodplain Management;
  - (3) Executive Order 11990, Protection of Wetland;
  - (4) The Endangered Species Act of 1973, as amended, (16 U.S.C. Sec. 1531 et seq.);
  - (5) The Fish and Wildlife Coordination Act of 1958, as amended, (16 U.S.C. Sec. 661 et seq.);
  - (6) The Wild and Scenic Rivers Act of 1968, as amended (16 U.S.C. Sec. 1271):
  - (7) The Safe Drinking Water Act of 1974, as amended, (42 U.S.C. Sec. 30(f) et seq.);
  - (8) Section 401 (f) of the Lead-Based Paint Poisoning Prevention Act, as amended (42 U.S.C.S. 4831 (b) and Title X of the Housing and Community Development Act of 1992;
  - (9) Sections 700.300 324 of RSMo concerning lead paint hazards;
  - (10) The Clean Air Act of 1970, as amended (42 U.S.C.S. 7401 et seq.);
  - (11) The Federal Water Pollution Control Act of 1972, as amended, (33 U.S.C.S. 1251 et. seq.);
  - (12) The Clean Water Act of 1977 (Public Law 95-217);
  - (13)The Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act of 1976 (42 U.S.C. Sec. 6901 et seq.);
  - (14)Section 519 of Public Law 101-144, the 1990 HUD Appropriations Act, prohibiting use of excessive force by jurisdictional law enforcement in response to nonviolent civil rights demonstrations, and prohibiting physical barring of entrance or exit to a facility subject to the nonviolent civil rights demonstrations;
  - (15)Section 1352, Title 31, U.S.C. if awarded funds in excess of \$100,000;
  - (16) The Single Audit Act of 1984, amended 1996, Public Law 98-502, and OMB Circular A-133;
  - (17) Cranston-Gonzales National Affordable Housing Act (Section 906 and 912);

- (18) Subpart C of 24 CFR, Part 12 regarding disclosure requirements.
- (u) It will comply with all parts of Title I of the Housing and Community Development Act of 1974, as amended, which have not been cited previously as well as with other applicable laws.
- (v) It will minimize displacement of persons as a result of activities assisted with federal assistance.
- (w) It will not attempt to recover any capital costs of public improvements assisted in whole or in part under section 106 or with amounts resulting from a guarantee under section 108 by assessing any amount against properties owned and occupied by persons of low and moderate income, including any fee changed or assessment made as a condition of obtaining access to public improvements, unless (i) funds received under section 106 are used to pay the proportion of such fee or assessment that relates to the capital costs of such public improvements that are financed from revenue sources other than under this title; or (ii) for purposes of assessing any amount against properties owned and occupied by persons of low or moderate income who are not persons of very low income, the grantee certified to the Secretary of such State, as the case may be, that it lacks sufficient funds received under section 106 to comply with the requirements of clause (i).
- (x) Any activities conducted with amounts received by a unit of general local government under this subsection shall be subject to the applicable provisions of this Title and other Federal law in the same manner and to the same extent as activities conducted with amounts received by a unit of general local government under subsection (a).

| SIGNATURE, CHIEF ELECTED OFFICIAL | TITLE |
|-----------------------------------|-------|
|                                   |       |
|                                   |       |
| TYPED NAME                        | DATE  |



# MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM FY-2005 APPLICATION: FORM K – RESOLUTION

| A RESOLUTION OF THE CITY/COUNTY OF, MISSOURI, STATING INTENT TO SEEK FUNDING THROUGH THE COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM AND AUTHORIZING THE MAYOR/PRESIDING COMMISSIONER TO PURSUE ACTIVITIES IN AN ATTEMPT TO SECURE FUNDING.  |
|--|
| WHEREAS, Title I of the Housing and Community Development Act of 1974 does state as its primary objective "the development of viable urban communities, by providing decent housing, suitable living environment and expanding economic opportunities principally for persons of low and moderate income"; |
| WHEREAS, Title I does offer to communities the opportunity of monetary assistance in accomplishing its stated primary objectives;  |
| WHEREAS, The Missouri Department of Economic Development is designated to award Community Development Block Grant funding under Title I; and,  |
| WHEREAS, The city/county does have areas of need which may be addressed through the Community Development Block Grant program.   |
| NOW, THEREFORE, BE IT RESOLVED by the City/County of   |
| THEREFORE, BE IT FURTHER RESOLVED, that the Mayor/Presiding Commissioner of, Missouri hereby is authorized to prepare and submit documents which are necessary in applying for funding and establishing an administrative organization to implement activities pursuant to the aforementioned act.         |
| THEREFORE, BE IT FURTHER RESOLVED, that the applicant/sub-applicant will dedicate \$ of local cash funds and \$ of in-kind materials or labor to be use in this project.   |
| SIGNATURE, CHIEF ELECTED OFFICIAL DATE   |
| ATTESTED BY DATE   |
| (AFFIX SEAL HERE)  |

\*\*INSTRUCTIONS: Amount dedicated on resolution must match Form B, Total Column C and D. (An individual Resolution is required for each jurisdiction in a multi-jurisdictional application.)

If matching funds are pledged from a sub-applicant (nonprofit or district), a statement from the subapplicant pledging those funds to this project must accompany this resolution. Pledged matching funds from a sub-applicant must still appear on this resolution.



## MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

FY-2005 APPLICATION: FORM L(a) – APPLICANT'S CERTIFICATION ON LOBBYING RESTRICTIONS

### An individual Anti-Lobbying Certification is requiredfor each jurisdiction in a multi-jurisdictional application.

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards (at all tiers, including contracts under grants, loans, and cooperative agreements, subcontracts, and subgrants) over \$100,000, and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S.C. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

| NAME OF APPLICANT                 |       |  |
|-----------------------------------|-------|--|
| SIGNATURE, CHIEF ELECTED OFFICIAL | TITLE |  |
| TYPED NAME                        | DATE  |  |



### MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

#### FY-2005 APPLICATION: FORM L(b) – SUB-APPLICANT'S CERTIFICATION ON LOBBYING RESTRICTIONS

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards (at all tiers, including contracts under grants, loans, and cooperative agreements, subcontracts, and sub-grants) over \$100,000, and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S.C. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

| NAME OF SUB-APPLICANT             |       |
|-----------------------------------|-------|
| SIGNATURE, CHIEF ELECTED OFFICIAL | TITLE |
| TYPED NAME                        | DATE  |



### MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

#### FY-2005 APPLICATION: FORM M - CERTIFICATION REGARDING SECTION 3 UTILIZATION

(APPLICABLE ONLY IF REQUESTING \$200,000 OR MORE IN CDBG FUNDS)

(An individual Form M is required for each jurisdiction in a multi-jurisdictional application.)

The City/County of \_\_\_\_\_\_ hereby certifies as an applicant for funding under the Missouri Community Development Block Grant program, that it will adhere to the goals and objectives of Section 3 of the Housing and Urban Development Act of 1968, as amended in 1992, which provides that "economic opportunities" (employment, job training, contracting, etc.) generated by certain HUD financial assistance shall, to the greatest extent feasible, be directed toward the following target groups:

#### Section 3 Residents, defined and prioritized as:

- Low and Very Low-Income (LMI) persons residing in public housing within the grantee's jurisdiction;
- Other Low and Very Low-Income Persons residing in the project area, based on HUD's current Section 8 income limits for the county or Metropolitan Statistical Area (MSA) in which the project is located.

#### Section 3 Business, defined and prioritized as:

- A business that indicates it will provide specific economic opportunities for Section 3
  residents located within the grantee's jurisdiction;
- A business that is at least 51% owned by Section 3 residents;
- A business whose current permanent, full-time employees include at least 30% Section 3
  residents, or employees who were Section 3 residents within three years of the date of
  first employment;
- A business that provides evidence of a commitment to subcontract in excess of 25% of the dollar amount of the contract to Section 3 business.

| If selected to receive program funding as a result of this commits to achieving a tar residents and business from CDBG-generated economic direct solicitation within the project area (non-metropol with existing Federal, State, and local laws and regulati performance and reporting requirements will apply to a above as a result of CDBG funding for this project. | get performance goal of 30% benefit to Section 3 ic opportunities, through active recruitment and itan county or MSA) done in a fashion consistent ons. It is further understood that Section 3 |
|--|---|
| SIGNATURE, CHIEF ELECTED OFFICIAL  | DATE  |



MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

## FY-2005 APPLICATION: FORM N – RESIDENTIAL ANTIDISPLACEMENT AND RELOCATION ASSISTANCE PLAN

(An individual Form N is required for each jurisdiction in a multi-jurisdictional application.)

|                            | () an individual i office it of an od it                             | or edorr jarrediene                   | on in a maia juneatorial application.   |
|----------------------------|--|---------------------------------------|---|
|                            | D BY ALL APPLICANTS FOR FY-20<br>TY DEVELOPMENT ACT OF 1974,         |                                       | INDER SECTION 104(d) OF THE HOUSING AND   |
| low/mode<br>housing a      | rate-income dwelling units demolis                                   | shed or convert                       | place all occupied and vacant occupiable ted to use other than low/moderate income provided under the Housing and Community           |
|                            | funds that will directly result in such                              | demolition or con                     | ne demolition of conversion. Before obligating or inversion, the City/County of the CDBG program, the following information in        |
| writing:                   | •  |                                       |   |
| 1.                         | A description of the proposed assis                                  | ted activity;                         |   |
| 2.                         |  | or converted to a                     | mber of dwelling units by size (number of a use other than low/moderate-income dwelling   |
| 3.                         | A time schedule for the commencer                                    | ment and comple                       | etion of the demolition or conversion;  |
| 4.                         | The general location on a map and bedrooms) that will be provided as |                                       | mber of dwelling units by size (number of eplacement dwelling units;  |
| 5.                         | The source of funding and a time so units; and                       | chedule for the p                     | provisions of Section 104(d) replacement dwelling   |
| 6.                         |  |                                       | eplacement dwelling unit will remain a ears from the date of initial occupancy.   |
|                            | 0.488, to each low/moderate-income                                   | household displa                      | provide relocation assistance, as described in laced by the demolition of housing or by the s a direct result of assisted activities. |
| Consistent                 | with the goals and objectives of active will tak                     |                                       | nder the Act, the City/County of steps to minimize the displacement of persons  |
| from their h               | nomes:   | J                                     |   |
|                            | **(describe actions  | s planned to mi                       | inimize displacement)   |
| Based on i<br>with grant t |  | occupied dwelling                     | gs (by address) will be demolished or converted   |
|                            | **(insert address of dwelli  | ings proposed f                       | for demolition or conversion)   |
| As chief ele               | ected official of the City/County of                                 | · · · · · · · · · · · · · · · · · · · | , I hereby certify that the   |
| above plan                 | was officially adopted on the  | day of                                | , 20  |
|                            |  |                                       |   |
| SIGNATUR                   | RE, CHIEF ELECTED OFFICIAL   |                                       | DATE  |
|                            |  |                                       |   |

\*\*The blanks indicated above MUST have a relevant statement included even if no displacement is planned.



## MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

FY-2005 APPLICATION: FORM O (a) - FAIR HOUSING ORDINANCE FOR CITIES

| BIL                 | LL NO  | ORDINANCE NO   |  |
|---------------------|--|--|--|
| AN                  | N ORDINANCE PROVIDING "  | FAIR HOUSING" FOR THE CITY OF  | , MISSOURI.  |
| DE                  | EFINES DISCRIMINATORY H  | OUSING PRACTICES, AND CREATES A FAIR H   | OUSING COMMITTEE.  |
|                     | E IT ORDAINED BY THE C<br>DLLOWS:  | TY COUNCIL OF THE CITY OF  | , MISSOURI, AS   |
| SEC                 | ECTION 1 Declaration of Po   | licy   |  |
| elim<br>prop<br>sha | minate discrimination and sa<br>operty without regard to race,<br>all be deemed an exercise of | hereby declares it to be to feguard the right of any person to sell, purchast color, religion, sex, handicap, familial status, or rethe police powers of the City of, Miss | se, lease, rent, or obtain real<br>national origin. This ordinance<br>for the protection of the public |
| SEC                 | ECTION 2 Definitions   |  |  |
|                     | or the purpose of this ordinance<br>eaning given herein unless the                             | the following terms, phrases, words, and their der context otherwise indicates.  | ivations shall have the  |
| a.                  | Person shall include any inc   | lividual, firm, partnership, or corporation.   |  |
| b.                  | Aggrieved Person shall incl  | ude any person who is attempting to provide housi  | ng for himself and/or his family   |
|                     | in the City of   | , Missouri.  |  |
| C.                  | <u>Discriminate</u> shall mean di<br>status, or national origin of                             | stinctions in treatment because of race, color, reany person.  | eligion, sex, handicap, familial   |

#### **SECTION 3. - Discriminatory Practices**

It shall be a discriminatory practice and a violation of the ordinance for any person to:

- a. Refuse to sell or rent after the making of a bona fide offer, or to refuse to negotiate for the sale or rental of, or otherwise make unavailable or deny, a dwelling to any person because of race, color, religion, sex, handicap, familial status, or national origin of any person.
- b. Discriminate against any person in the terms, conditions, or privileges of sale or rental of a dwelling, or in the provision of services or facilities in connection therewith, because of race, color, religion, sex, handicap, familial status, or national origin.
- c. Make, print, or publish, or cause to be made, printed, or published any notice, statement, or advertisement, with respect to the sale or rental of a dwelling that indicates any preference, limitation, or discrimination based on race, color, religion, sex, handicap, familial status, or national origin, or an intention to make any such preference, limitation, or discrimination.
- d. Represent to any person because of race, color, religion, sex, handicap, familial status, or national origin, that any dwelling is not available for inspection, sale, or rental when such dwelling is in fact so available.
- e. For profit, to induce or attempt to induce any person to sell or rent any dwelling by representations regarding the entry or prospective entry into the neighborhood or a person or persons of a particular race, color, religion, sex, handicap, familial status, or national origin.
- f. Discriminate in the sale or rental of housing on the basis of a handicap of that buyer or renter; a person residing in or intending to reside in that dwelling after it is so sold, rented, or made available; or any person associated with that buyer or renter. The design and construction of new multi-family dwellings containing four (4) or more units is required to meet certain adaptability and accessibility requirements in accordance with Section 804 of the 1988 Fair Housing Amendments Act.
- g. Discriminate in the sale or rental of housing on the basis of familial status or because a family has children, exempting certain types of buildings that house older persons (e.g. Section 202 housing) in accordance with Section 807 of the 1988 Fair Housing Amendments Act.

#### SECTION 4. - Discrimination in the Financing of a House

It shall be unlawful for any bank, building and loan association, insurance company, or other corporation, association, firm, or enterprise whose business consists in whole or in part in the making of commercial real estate loans, to deny a loan to a person applying therefore for the purpose of purchasing, constructing, repairing, or maintaining a dwelling, or to discriminate against any person in the fixing of the amount or conditions of such loan, because of the race, color, religion, sex, handicap, familial status, or national origin of such person, or of any person therein associated in connection with such financing.

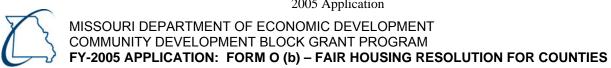
#### **SECTION 5. - Administration**

- There is hereby created a Fair Housing Committee whose membership shall consist of five members, who shall be appointed by the Mayor of the City with the approval of the City Council.
- Every complaint of a violation of this ordinance shall be referred to a Fair Housing Committee. The Fair Housing Committee shall forthwith notify the person against whom the complaint is made. The identity of the aggrieved person shall be made known to the person against whom the complaint is made at that time. If the Fair Housing Committee, after investigation, finds there is no merit to the complaint, the same shall be dismissed. If the Fair Housing Committee finds that there is merit in the complaint, in their opinion, then and in that event, the Fair Housing Committee will endeavor to eliminate the alleged discriminatory practice by conference and conciliation.
- If the Fair Housing Committee is unable to eliminate the alleged discriminatory practice by conference and conciliation, then and in that event, the Fair Housing Committee shall forward said complaint to the City Attorney for handling. The final determination of whether to prosecute in Municipal Court on said complaint shall be left to the City Attorney.
- Nothing in this ordinance shall be construed in such manner as to limit administrative enforcement mechanisms and recourse against alleged discriminatory housing practices through the U.S. Department of Housing and Urban Development, as specified under Section 810 of the Fair Housing Act as amended effective March 12, 1989, or through the Missouri Commission on Human Rights, as specified in applicable state statutes.

#### **SECTION 6. - Enforcement**

- Any person convicted in Municipal Court of a violation of this ordinance shall be punished by a fine of (not more than) \$\_\_\_\_\_, or by confinement in the City jail for (not more than) \_\_\_\_\_days, or both such fine and imprisonment.
- b. The City Attorney, instead of filing a complaint in Municipal Court of said City, may, as an alternative remedy, seek to have the alleged discriminatory practices abated by an action for an injunction to be maintained in the appropriate Circuit Court of the State of Missouri.

| the appropriate cheart of the clate of Micocan.   |
|---|
| SECTION 7 Severability  |
| If any section, subsection, paragraph, sentence, clause, or phrase of these standards shall be declared invalid for<br>any reason whatsoever, such decision shall not affect the remaining portions of this ordinance which shall<br>continue in full force and effect. To this end, the provisions of this ordinance are hereby declared to be severable.                    |
| SECTION 8 Savings Clause  |
| This ordinance shall not affect violations of any other ordinance, code, or regulation of the City or existing prior to the effective date hereof. Any such violations shall be governed and shall continue to be punishable to the full extent of the law under the provisions of those ordinances, codes, or regulations in effect at the time the violation was committed. |
| Read the third time and passed, approved, and adopted by the City Council of the City of, Missouri, this day of <i>(month/year).</i>  |
| MAYOR   |
| SEAL  |
| ATTEST  |
|   |



#### **CDBG Model Fair Housing Resolution for Counties**

|       |                                       |  | PUBLIC NO        | OTICE   |   |
|-------|---------------------------------------|--|------------------|---|---|
| The   | Commissioners of _                    |  | Coı              | ounty as recipient of a Community Development Block   | ( |
| Gran  | t, have on the                        | day of                                       | 20               | , adopted this "Fair Housing Resolution" in   |   |
| comp  | oliance with the 198                  | 8 Fair Housing Ame                           | ndments Act:     |   |   |
|       |                                       | FA   | IR HOUSING RE    | RESOLUTION  |   |
| throu | ıgh fair housing, whi                 | ch provides for acco                         | ommodations irre | e of the manner in which the public welfare is promoted respective of race, color, religion, sex, handicap, oport fair housing within its jurisdiction by:                    | d |
| A.    |                                       | uiting an executive o<br>this Fair Housing R |                  | ounty as Fair Housing Officer to coordinate the   |   |
| B.    |                                       | eminating information the area of fair hou   |                  | sitizen and individual rights under Missouri State and  |   |
| C.    | information, coope housing through co | rating with citizens                         | who wish to exer | f discriminatory practices in housing by accumulating ercise their rights under any law which enforces fair le, and by making referral to the appropriate re said complaints; |   |
| D.    |                                       |  |                  | ice, memoranda, etc., which pertain to alleged f the above steps have been taken.   |   |
| APPI  | ROVED BY THE GO                       | OVERNING BODY                                | OF THE COUNT     | TY OF, STATE OF   |   |
| MISS  | SOURI, THIS DAY C                     | )F, 20                                       |                  |   |   |
|       |                                       |  |                  |   |   |
|       |                                       |  | COUNTY C         | COMMISSIONER  | _ |
| ATTE  | EST                                   |  |                  |   |   |
|       |                                       |  | COUNTY C         | CLERK   | - |



# MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM FY-2005 APPLICATION: FORM P - EXCESSIVE FORCE RESOLUTION

#### **EXCESSIVE FORCE RESOLUTION**

| demonstratio | establishing rules and regulations regarding the use of excessive force during non-violent civil rights ons, including physically barring access to a facility or location which is the subject of such on, and providing penalties for violations thereof. In the City/County of, Missouri, as follows:   |
|--------------|--|
|              | ARTICLE I  |
| Section 1:   | The <i>City/County</i> hereby adopts and will enforce this policy prohibiting the use of excessive force by law enforcement agencies within its jurisdiction against any individual engaged in non-violent civil rights demonstrations. The <i>City/County</i> also prohibits the physical barring of any entrance or exit to such a facility and will enforce all applicable State laws in this regard. |
|              | ARTICLE II   |
| Section 1:   | Any person charged with a violation of any provision of this resolution will be served by the <i>City/County</i> with written notice stating the nature of the violation.  |
| Section 2:   | Any person convicted of this violation shall be guilty of a misdemeanor, and shall be fined an amount not to exceed one hundred (100) dollars for each violation. Each day on which such violation occurs shall be deemed to be a separate offense.  |
| Section 3:   | Any person violating any of the provisions of this resolution shall become liable to the <i>City/County</i> for any expense, loss, or damage occasioned the <i>City/County</i> by reason of such violation.  |
|              | ARTICLE III  |
|              | adopted by the City Council/County Commission of the City/County of, ouri, on (month/day/year).  |
|              |  |
|              | Mayor/Presiding Commissioner   |
| Attest:      |  |
|              | City/County Clerk  |

Note: This is intended for use as a sample. Articles I and III are the only required sections of the resolution. Article II is provided exclusively for example purposes.



# MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM FY-2005 APPLICATION: FORM Q(a) – APPLICANT DISCLOSURE REPORT (PAGE 1 OF 3)

(An individual Form Q is required for each jurisdiction in a multi-jurisdictional application.)

| PART I – APPLICANT/GRANTEE INFORMATION  |                            |
|---|----------------------------|
| 1. APPLICANT/GRANTEE NAME:  |                            |
| 2. ADDRESS:   |                            |
| 3. CITY/STATE/ZIP:  |                            |
| 4. FEDERAL EMPLOYEE IDENTIFICATION NUMBER:  |                            |
| 5. PHONE:   |                            |
| 6. INDICATE WHETHER THIS IS AN:  INITIAL REPORT UPDATED REPORT  |                            |
| 7. PROJECT ASSISTED/TO BE ASSISTED – FISCAL YEAR:   |                            |
| 8. TYPE OF PROJECT:   |                            |
| 9. OMPETITIVE GRANT NON-COMPETITIVE GRANT/LOAN  |                            |
| 10. AMOUNT REQUESTED/RECEIVED:  |                            |
| 11. PROGRAM INCOME TO BE USED WITH ITEM 10 ABOVE:   |                            |
| 12. TOTAL OF ITEMS 10 AND 11:   |                            |
| PART II – THRESHOLD DETERMINATION   |                            |
| 1. IS THE AMOUNT LISTED IN ITEM 12 ABOVE MORE THAN \$200,000?   |                            |
| 2. HAVE YOU RECEIVED OR APPLIED FOR OTHER HUD ASSISTANCE (THROUGH PROGRAMS LISTED IN ATTACHM  | ENT A OF THE INSTRUCTIONS) |
| WHICH, WHEN ADDED TO ITEM 12 (PART 1), IS MORE THAN \$200,000?  |                            |
| IF THE ANSWER TO <b>EITHER</b> 1 OR 2 OF PART II IS "YES," THEN THE REMAINDER OF THIS REPORT MUST BE COMPL  | LETED.                     |
| IF THE ANSWER TO <b>BOTH</b> 1 AND 2 OF PART II IS "NO," THEN THE REMAINDER OF THIS REPORT IS <b>NOT</b> REQUIRED FOLLOWING CERTIFICATION MUST BE EXECUTED. | TO BE COMPLETED, BUT THE   |
| I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.  |                            |
|   |                            |
| TYPED NAME (CHIEF ELECTED OFFICIAL):  |                            |
|   |                            |
| SIGNATURE CHIEF FLECTED OFFICIAL:   | DATF.                      |

#### FORM Q(a) – APPLICANT DISCLOSURE REPORT (PAGE 2 OF 3)

| PROVIDE THE REQUESTED GOVERNMENT UNDING (INCLUDING THOSE LISTED IN ATTA                    | CHMENT A).  | JK APPLIED F | OR, THAT WILL BE USED IN CONJU | NCTION \ |   |  |
|--|---|--------------|--------------------------------|----------|---|--|
| NAME AND ADDRESS OF AGENCY<br>PROVIDING OR TO PROVIDE ASSISTANCE                           | PROGRAM   |              | TYPE OF ASSISTANCE             |          | AMOUNT<br>REQUESTED OR<br>PROVIDED              |  |
|  |   |              |                                |          |   |  |
|  |   |              |                                |          |   |  |
|  |   |              |                                |          |   |  |
|  |   |              |                                |          |   |  |
|  |   |              |                                |          |   |  |
|  |   |              |                                |          |   |  |
|  |   |              |                                |          |   |  |
|  |   |              |                                |          |   |  |
|  |   |              |                                |          |   |  |
| ART IV – INTERESTED PARTIES  |   |              |                                |          |   |  |
| ALPHABETICAL LIST OF ALL PERSONS<br>WITH A REPORTABLE FINANCIAL<br>INTEREST IN THE PROJECT | SOCIAL SECURITY<br>NUMBER OR<br>EMPLOYER ID<br>NUMBER | TYPE OF F    | PARTICIPATION IN THE PROJECT   |          | NCIAL INTEREST IN<br>ECT DOLLARS ANI<br>PERCENT |  |
|  |   |              |                                |          |   |  |
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#### FORM Q(a) – APPLICANT DISCLOSURE REPORT (PAGE 3 OF 3)

| PART V – EXPECTED SOURCES AND USES OF FUNDS   |   |                       |  |  |  |  |
|---|---|-----------------------|--|--|--|--|
| 1. IDENTIFY THE SOURCES AND USES OF   | ALL ASSISTANCE, INCLUDING CDBG, THAT HAVE BEEN OR MAY BE US | SED FOR THIS PROJECT: |  |  |  |  |
| SOURCE  | USE   |                       |  |  |  |  |
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| PART VI - CERTIFICATION   |   |                       |  |  |  |  |
| I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS DISCLOSURE IS TRUE AND CORRECT, AND I AM AWARE THAT ANY FALSE INFORMATION OR LACK OF INFORMATION KNOWINGLY MADE OR OMITTED MAY SUBJECT ME TO CIVIL OR CRIMINAL PENALTIES UNDER SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE. IN ADDITION, I AM AWARE THAT IF I KNOWINGLY AND MATERIALLY VIOLATE ANY REQUIRED DISCLOSURE OF INFORMATION, INCLUDING INTENTIONAL NONDISCLOSURE, I AM SUBJECT TO A CIVIL PENALY NOT TO EXCEED \$10,000 FOR EACH VIOLATION. |   |                       |  |  |  |  |
| TYPED NAME (CHIEF ELECTED OFFICIAL):  |   |                       |  |  |  |  |
| THE DIMMIL (CHILF ELECTED OFFICIAL).  |   |                       |  |  |  |  |
| SIGNATURE:  |   | DATE:                 |  |  |  |  |



# MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM FY-2005 APPLICATION: FORM Q(b) – SUB-APPLICANT DISCLOSURE REPORT (PAGE 1 OF 3)

| PART I – APPLICANT/GRANTEE INFORMATION   |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| 1. APPLICANT/GRANTEE NAME:   |  |  |  |  |  |  |  |
| 2. ADDRESS:  |  |  |  |  |  |  |  |
| 3. CITY/STATE/ZIP:   |  |  |  |  |  |  |  |
| 4. FEDERAL EMPLOYEE IDENTIFICATION NUMBER:   |  |  |  |  |  |  |  |
| 5. PHONE:  |  |  |  |  |  |  |  |
| 6. INDICATE WHETHER THIS IS AN:  INITIAL REPORT UPDATED REPORT   |  |  |  |  |  |  |  |
| 7. PROJECT ASSISTED/TO BE ASSISTED – FISCAL YEAR:  |  |  |  |  |  |  |  |
| 8. TYPE OF PROJECT:  |  |  |  |  |  |  |  |
| 9. OMPETITIVE GRANT NON-COMPETITIVE GRANT/LOAN   |  |  |  |  |  |  |  |
| 10. AMOUNT REQUESTED/RECEIVED:   |  |  |  |  |  |  |  |
| 11. PROGRAM INCOME TO BE USED WITH ITEM 10 ABOVE:  |  |  |  |  |  |  |  |
| 12. TOTAL OF ITEMS 10 AND 11:  |  |  |  |  |  |  |  |
| PART II – THRESHOLD DETERMINATION  |  |  |  |  |  |  |  |
| 1. IS THE AMOUNT LISTED IN ITEM 12 ABOVE MORE THAN \$200,000?  |  |  |  |  |  |  |  |
| 2. HAVE YOU RECEIVED OR APPLIED FOR OTHER HUD ASSISTANCE (THROUGH PROGRAMS LISTED IN ATTACHMENT A OF THE INSTRUCTIONS)   |  |  |  |  |  |  |  |
| WHICH, WHEN ADDED TO ITEM 12 (PART 1), IS MORE THAN \$200,000?   |  |  |  |  |  |  |  |
| IF THE ANSWER TO <b>EITHER</b> 1 OR 2 OF PART II IS "YES," THEN THE REMAINDER OF THIS REPORT MUST BE COMPLETED.  |  |  |  |  |  |  |  |
| IF THE ANSWER TO <b>BOTH</b> 1 AND 2 OF PART II IS "NO," THEN THE REMAINDER OF THIS REPORT IS <b>NOT</b> REQUIRED TO BE COMPLETED, BUT THE FOLLOWING CERTIFICATION MUST BE EXECUTED. |  |  |  |  |  |  |  |
| I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.   |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| TYPED NAME (CHIEF OFFICIAL):   |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| SIGNATURE, CHIEF OFFICIAL: DATE:   |  |  |  |  |  |  |  |

#### FORM Q(b) – SUB-APPLICANT DISCLOSURE REPORT (PAGE 2 OF 3)

| PART III – OTHER GOVERNMENT ASSISTANCE  1. PROVIDE THE REQUESTED GOVERNMENT FUNDING (INCLUDING THOSE LISTED IN ATTA | ASSISTANCE, EXISTING O                                |             | R, THAT WILL BE USED IN CONJUI | NCTION WITH THE CDB                       | iG |
|---|---|-------------|--------------------------------|---|----|
| NAME AND ADDRESS OF AGENCY<br>PROVIDING OR TO PROVIDE ASSISTANCE  | PROGRAM   |             | TYPE OF ASSISTANCE             | AMOUNT<br>REQUESTED<br>PROVIDE            | OR |
|   |   |             |                                |   |    |
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| PART IV – INTERESTED PARTIES  |   |             |                                |   |    |
| ALPHABETICAL LIST OF ALL PERSONS<br>WITH A REPORTABLE FINANCIAL<br>INTEREST IN THE PROJECT                          | SOCIAL SECURITY<br>NUMBER OR<br>EMPLOYER ID<br>NUMBER | TYPE OF PAR | RTICIPATION IN THE PROJECT     | FINANCIAL INTERES PROJECT DOLLARS PERCENT |    |
|   |   |             |                                |   |    |
|   |   |             |                                |   |    |
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#### FORM Q(b) – SUB-APPLICANT DISCLOSURE REPORT (PAGE 3 OF 3)

| SOURCE   | USE  |  |
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| VI - CERTIFICATION   |  |  |
| RMATION OR LACK OF INFORMATION OF TITLE 18 OF THE UNITED STATE | FION PROVIDED IN THIS DISCLOSURE IS TRUE AND CORRECT, AND I A<br>ON KNOWINGLY MADE OR OMITTED MAY SUBJECT ME TO CIVIL OR CR<br>S CODE. IN ADDITION, I AM AWARE THAT IF I KNOWINGLY AND MATER<br>ING INTENTIONAL NONDISCLOSURE, I AM SUBJECT TO A CIVIL PENAL | IMINAL PENALTIES UNDER SECT<br>RIALLY VIOLATE ANY REQUIRED |
|  |  |  |
| ED NAME (CHIEF OFFICIAL):                                      |  |  |

#### FY-2005 APPLICATION: INSTRUCTIONS FOR COMPLETING DISCLOSURE REPORT

All applicants for CDBG funding must complete and submit, with their applications, Part I and II of the Disclosure Report. At the completion of Part II of the report, some applicants will find that they must complete Parts III, IV, V, and VI of the Report.

Part I requires the applicant's name, address, phone and Federal Identification number; indication as to whether this is an initial report or an update (all applicants will check the initial report box); the fiscal year CDBG funds subject to the disclosure; check as to whether the disclosure is related to a non-competitive application; the amount of CDBG funds being requested; the amount of any CDBG program income that will be used with the CDBG funding, if any; and the total amount (funding requested and program income).

Part II asks two questions. If the answer to both questions is "no", the applicant must complete the certification at the end of Part II, but is not required to complete the remainder of the report. If the answer to either question is "yes", then the applicant must complete the remainder of the report.

Part III requires information on any other Federal, State and/or local assistance that is to be used in conjunction with the CDBG project (See Attachment A).

Part IV requires the identification of interested parties. Interested parties are persons and entities with a pecuniary interest in the project. If any <u>entity</u> is being disclosed, the disclosure in Part IV must include an identification of each principal of the entity. All consultants, developers or contractors involved in the application for CDBG assistance, or in the planning, development or implementation of the project, must be identified as an interested party. Also, any other person or entity that has a pecuniary interest in the project that exceeds \$50,000 or 10 percent of the CDBG assistance, whichever is lower, must be listed as an interested party. Pecuniary interest means any financial involvement in the project, including (but not limited to) situations in which a person or entity has an equity interest in the project, shares in any profit or resale or any distribution of surplus cash or other assets of the project or receives compensation for any goods or services provided in connection with the project. (The following are not considered interested parties: local CDBG administrative staff and recipients of housing rehab assistance).

It is realized that at the time of application, applicants may not be aware of all interested parties since contracts and agreements for goods and services are not generally awarded until after notice of grant award. Subsequent to grant award, as projects are being implemented, funds will be committed to interested parties which will necessitate the submission of an updated Disclosure Report. However, if an applicant for CDBG funds identifies, under Part III of the Disclosure Report, other governmental assistance that is to be used in conjunction with projects funded with CDBG funds and, if these other funds have been committed to interested parties, then these interested parties must be identified in Part IV of the initial report.

Part V requires applicants to identify the sources and use of all funds to be used in conjunction with CDBG funded project. The sources and uses must include all the other assistance identified in Part III as well as the CDBG funds identified in Part I, items 10 and 11.

Part VI requires the certification of the Chief Elected Official.



### MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

FY-2005 APPLICATION: FORM Q, ATTACHMENT A - DISCLOSURE REQUIREMENTS

This attachment contains a list of all the HUD programs that are subject to the disclosure requirements of 24 CFR Part 12 Subpart C. All applicants for CDBG assistance must review this list to determine if they are receiving, or expect to receive, assistance from other covered programs besides CDBG. Applicants must consider HUD funds that are received either directly from HUD or though the State. The State administered CDBG Program is listed under 3(v).

The applicant uses the total amount of funds received from all the sources to answer the second question of Part II of the Disclosure Report.

- 1. Section 312 Rehabilitation Loans under 24 CFR Part 510, except loans for single family properties.
- 2. Home Investment Partnership Act Funds Under 24 CFR Part 92
  - (Excludes formula distributions to States, units of general local government, or consortium of units of general local government under Subpart D and G, within-year reallocations under Subpart D, and the HUD-administered Small Cities program under Subpart F).
- 3. Applications for grant amounts for a specific project or activity under Title I of the Housing and Community Development Act of 1974 made to:
  - (I) HUD, for a Special Purpose Grant under Section 105 of the Department of Housing and Urban Development Reform Act of 1989 for technical assistance, the Work Study program or Historically Black Colleges;
  - (II) HUD, for a loan guarantee under 24 CFR Part 470, Subpart M;
  - (III) HUD, for a grant to an Indian tribe under Title I of the Housing and Community Development Act of 1974;
  - (IV) HUD, for a grant under the HUD-administered Small Cities program under CFR Part 570, Subpart F; and
  - (V) A State or unit of general local government under 24 CFR Part 570.
- Applicants for grant amounts for a specific project or activity under the Emergency Shelter Grant program under 24 CFR Part 576 made to a State or to a unit of general local government, including a Territory.
  - (Excludes formula distributions to States and units of general local government (including Territories); reallocations to States, units of general local government (including Territories) and non-profit organizations; and applications to an entity other than HUD or a State or unit of general local government).
- 5. Transitional Housing under 24 CFR Part 577.
- 6. Permanent Housing for Handicapped Homeless Persons under 24 CFR Part 578.
- 7. Section 8 Housing Assistance Payments (only project-based housing under the Existing Housing and Moderate Rehabilitation programs under 24 CFR Part 882, including the Moderate Rehabilitation program for Single Room Occupancy Dwellings for the Homeless under Subpart H).
- 8. Section 8 Housing Assistance Payments for Housing the Elderly or Handicapped under 24 CFR Part 885.
- 9. Loans for Housing for the Elderly or Handicapped under Section 202 of the Housing Act of 1959 (including operating assistance for Housing for the Handicapped under Section 162 of the Housing and Community Development Act of 1987 and Seed Money Loans under Section 106(b) of the Housing and Urban Development Act of 1968).
- 10. Section 8 Housing Assistance Payments Special Allocations Assistance under 24 CFR Part 886.
- 11. Flexible Subsidy under 24 CFR Part 219 both Operating Assistance under Subpart B and Capital Improvement Loans under Subpart C.

- 12. Low-Rent Housing Opportunities under 24 CFR Part 904.
- 13. Indian Housing under 24 CFR Part 905.
- 14. Public Housing Development under 24 CFR Part 941.
- 15. Comprehensive Improvement Assistance under 24 CFR Part 968.
- 16. Resident Management under 24 CFR Part 964, Subpart C.
- 17. Neighborhood Development Demonstration under Section 123 of the Housing and Urban-Rural Recovery Act of 1983.
- 18. Nehemiah Grants under 24 CFR Part 280.
- 19. Research and Technology Grants under Title V of the Housing and Urban Development Act of 1970.
- 20. Congregate Services under the Congregate Housing Services Act of 1978.
- 21. Counseling under Section 106 of the Housing and Urban Development Act of 1968.
- 22. Fair Housing Initiative under 24 CFR Part 125.
- 23. Public Housing Drug Elimination Grants under Section 5129 of the Anti-Drug Abuse Act of 1988.
- 24. Fair Housing Assistance under 24 CFR Part 111.
- Public Housing Early Childhood Development Grants under Section 222 of the Housing and Urban-Rural Recovery Act of 1983.
- 26. Mortgage Insurance under 24 CFR Subtitle B, Chapter II (only multifamily and non-residential).
- 27. Supplemental Assistance for Facilities to Assist the Homeless under 24 CFR Part 579.
- 28. Shelter Plus Care Assistance under Section 837 of the Cranston-Gonzales National Affordable Housing Act.
- 29. Planning and Implementation Grants for HOPE and Public and Indian Housing Homeownership under Title IV, Subtitle A, of the Cranston-Gonzales National Affordable Housing Act.
- 30. Planning and Implementation Grants for HOPE for Homeownership of Multifamily Units under Title IV, Subtitle B, of the Cranston-Gonzales National Affordable Housing Act.
- 31. HOPE for Elderly Independence Demonstration under Section 803 of the Cranston-Gonzales National Affordable Housing Act.



# MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM FY-2005 APPLICATION: FORM R - LMI SURVEY INSTRUMENT

#### (MUST BE SUBMITTED WITH APPLICATION IF SURVEY CONDUCTED)

| IMPROVE<br>FOR FEE              | IS CONDUCTING A SURVEY TO DETERMINE THE NEED FOR THE MPROVEMENTS IN PUBLIC FACILITIES, HOUSING, AND SERVICES. SOME OF THE IMPROVEMENT PROJECTS MAY BE ELIGIBLE FOR FEDERAL FUNDING. THIS SURVEY IS AN ELIGIBILITY REQUIREMENT FOR SUCH FUNDING. YOUR SURVEY ANSWERS WILL BE KEPT CONFIDENTIAL. |               |            |            |   |   |             |                |                     |   |
|---------------------------------|--|---------------|------------|------------|---|---|-------------|----------------|---------------------|---|
| ADDF                            | <ol> <li>PLEASE INDICATE THE NUMBER OF FAMILIES (PERSONS RELATED BY BIRTH, MARRIAGE, OR ADOPTION) LIVING AT THIS ADDRESS (AN UNRELATED INDIVIDUAL IS CONSIDERED A ONE-PERSON FAMILY, WHETHER LIVING ALONE OR WITH ANOTHER FAMILY).</li> </ol>  |               |            |            |   |   |             |                |                     |   |
| NUMBER                          | OF FAMILIES:   |               |            |            | -   | TOTAL NUMBE                                     | R OF PERSO  | NS:            |                     |   |
| 2. HOW                          | MANY IN EACH FA  | MILY:         |            | #1         |   |   | #2          |                | #3                  |   |
|                                 | EACH FAMILY INDI<br>THE INCOME FIGU  |               |            |            |   | OUR TOTAL I                                     | FAMILY INCO | ME IS ABOVE, I | BETWEEN, OR         |   |
| Family<br>Size                  |  | Income Limits |            |            |   |   |             |                |                     |   |
|                                 | A<br>(30%)   | B<br>(50%)    | C<br>(80%) |            |   | FAMILY #1                                       |             | F              | FAMILY #2           |   |
| 1                               | ТО   |               | то         | FA         | MILY  | SIZE:   |             | FAMILY SIZE    | <u>:</u>            |   |
| 2                               | ТО   |               | то         |            |   | Ab O-b-   |             | D I Al         | and Oaksaa O        |   |
| 3                               | ТО   |               | то         |            | incoi   | me Above Colu                                   | mn C        | ☐ Income At    | oove Column C       |   |
| 4                               | ТО   |               | то         |            | ☐ Income between Column B & C ☐ Income between Column B & |   |             |                |                     | : |
| 5                               | ТО   |               | то         |            |   |   |             |                |                     |   |
| 6                               | ТО   |               | то         |            | ☐ Income between Column A & B ☐ Income between            |   |             |                | etween Column A & B |   |
| 7                               | ТО   |               | то         |            | Incor   | me below Colur                                  | mn A        | ☐ Income be    | elow Column A       |   |
| 8                               | ТО   |               | ТО         |            |   |   |             |                |                     |   |
| 4. HOW                          | MANY PERSONS A   | AT THIS ADDRI | ESS ARE:   |            |   |   |             |                |                     |   |
| FEMALE                          | HEADS OF HOUS  | EHOLD?        |            |            |   | CHILDREN AGE SIX YEARS AND UNDER?               |             |                |                     |   |
| OVER TH                         | HE AGE OF 62?  |               |            |            | HANDICAPPED/DISABLED?                                     |   |             |                |                     |   |
|                                 | ELP DETERMINE T<br>SONS AT THIS ADD  |               |            | RISTICS OF | F THE   | E PROJECT AF                                    | REA, PLEASE | INDICATE THE   | NUMBER OF           |   |
| HISPANI                         | C OR LATINO:   |               |            |            |   |   |             |                |                     |   |
| NOT HIS                         | PANIC OR LATINO  | :             |            |            |   |   |             |                |                     |   |
|                                 | IRTHER HELP DET<br>ERSONS AT THIS  |               |            | HARACTE    | RIST  | ICS OF THE PI                                   | ROJECT AREA | A, PLEASE INDI | CATE THE NUMBER     |   |
| WHITE:                          |  |               |            |            |   | ASIAN & WHIT                                    | E:          |                |                     |   |
| BLACK/AFRICAN AMERICAN:         |  |               |            |            |   | BLACK/AFRIC                                     | AN AMERICAI | N & WHITE:     |                     |   |
| ASIAN:                          |  |               |            |            |   | am. Indian/al                                   | _ASKAN NATI | VE & BLACK/AF  | RICAN AM.:          |   |
| AMERICAN INDIAN/ALASKAN NATIVE: |  |               |            |            |   | ASIAN & NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER: |             |                |                     |   |
| NATIVE I                        | HAWAIIAN/OTHER   | PACIFIC ISLAN | IDER:      |            |   | ALL OTHERS:                                     |             |                |                     |   |
| AMERICA                         | AN INDIAN/ALASKA   | AN NATIVE & W | /HITE:     |            |   |   |             |                |                     |   |
| 7. DATE: SIGNATURE (OPTI        |  |               |            |            | .):   |   |             |                |                     | _ |



# MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

FY-2005 APPLICATION: FORM R(h) – LMI SURVEY INSTRUMENT

#### **Housing Rehabilitation Projects Only**

#### (MUST BE SUBMITTED WITH APPLICATION IF SURVEY CONDUCTED)

| THE CITY/COUNTY OF IS CONDUCTING A SURVEY TO DETERMINE THE NEED FOR THE IMPROVEMENTS IN PUBLIC FACILITIES, HOUSING, AND SERVICES. SOME OF THE IMPROVEMENT PROJECTS MAY BE ELIGIBLE FOR FEDERAL FUNDING. THIS SURVEY IS AN ELIGIBILITY REQUIREMENT FOR SUCH FUNDING. YOUR SURVEY ANSWERS WILL BE KEPT CONFIDENTIAL. |   |        |             |        |     |          |   |           |                                 |                                 |  |                     |
|--|---|--------|-------------|--------|-----|----------|---|-----------|---------------------------------|---------------------------------|--|---------------------|
| ADDF   | PLEASE INDICATE THE NUMBER OF FAMILIES (PERSONS RELATED BY BIRTH, MARRIAGE, OR ADOPTION) LIVING AT THIS ADDRESS (AN UNRELATED INDIVIDUAL IS CONSIDERED A ONE-PERSON FAMILY, WHETHER LIVING ALONE OR WITH ANOTHER FAMILY). |        |             |        |     |          |   |           |                                 |                                 |  |                     |
| NUMBER   | OF FAMILIES   | S:     |             |        |     |          |   | тот       | AL NUMBE                        | ER OF PERSONS                   | 3:   |                     |
| 2. HOW   | MANY IN EAC   | H FAM  | ILY:        |        |     | #1       |   |           |                                 | #2                              |  | #3                  |
|  | EACH FAMILY<br>THE INCOME   |        |             |        |     |          |   |           | OUR TOTA                        | AL FAMILY INCO                  | OME IS ABOV  | E, BETWEEN, OR      |
| Family<br>Size   |   | I      | ncome Limi  | ts     |     |          |   |           |                                 |                                 |  |                     |
|  | A<br>(30%)  |        | B<br>(50%)  |        |     | C<br>0%) |   |           | FAMILY                          | ' <b>#1</b>                     |  | FAMILY #1           |
| 1  |   | то     |             | то     |     |          | FAI   | MILY S    | SIZE:                           |                                 | FAMILY SIZ   | E:                  |
| 2  |   | то     |             | то     |     |          |   | Income    | Ahove Co                        | olumn C                         |  | Above Column C      |
| 3  |   | то     |             | то     |     |          | ☐ Income Above Column C ☐ Income Above Column C |           |                                 |                                 | NOVE COMMITTE  |                     |
| 4  |   | то     |             | то     |     |          | ☐ Income between Column B & C ☐ Income          |           |                                 |                                 | ☐ Income b   | etween Column B & C |
| 5  |   | ТО     |             | ТО     |     |          |   | Inaama    | , batuaan                       | Column A & B                    | ☐ Income between Column A & I☐ Income below Column A |                     |
| 6  |   | ТО     |             | ТО     |     |          |   | IIICOIIIE | e between                       | Column A & B                    |  |                     |
| 7  |   | то     |             | то     |     |          |   | Income    | e below Co                      | lumn A                          |  |                     |
| 8  |   | ТО     |             | ТО     |     |          |   |           |                                 |                                 |  |                     |
| 4. HOW I   | MANY PERSO  | ONS AT | THIS ADDR   | ESS AF | RE: |          |   |           |                                 |                                 |  |                     |
| FEMALE   | HEAD OF HO  | USEHC  | LD?         |        |     |          |   |           | CHILDR                          | ILDREN AGE SIX YEARS AND UNDER? |  |                     |
| OVER TH  | IE AGE OF 62  | ?      |             |        |     |          |   |           | HANDIC                          | APPED/DISABL                    | ED?  |                     |
|  | HELP DETER<br>RSONS AT TH   |        |             |        | HAR | ACTERI   | STICS   | OF T      | HE PROJE                        | ECT AREA, PLEA                  | ASE INDICATE   | THE NUMBER OF       |
| HISPANIC   | C OR LATINO   | :      |             |        |     |          |   |           |                                 |                                 |  |                     |
| NOT HIS  | PANIC OR LA   | TINO:  |             |        |     |          |   |           |                                 |                                 |  |                     |
|  | FURTHER HE<br>MBER OF PE  |        |             |        |     |          | ARAC  | TERIS     | STICS OF T                      | THE PROJECT A                   | REA, PLEASE  | E INDICATE THE      |
| WHITE:   |   |        |             |        |     |          |   |           | ASIAN & V                       | VHITE:                          |  |                     |
| BLACK/A  | FRICAN AME  | RICAN: |             |        |     |          |   |           | BLACK/AFRICAN AMERICAN & WHITE: |                                 |  |                     |
| ASIAN:   |   |        |             |        |     |          |   |           | AM. INDIA                       | N/ALASKAN NA                    | TIVE & BLACK   | (/AFRICAN AM.:      |
| AMERICA  | AN INDIAN/AL  | ASKAN  | NATIVE:     |        |     |          |   |           | ASIAN & N                       | IATIVE HAWAIIA                  | N/OTHER PA   | CIFIC ISLANDER:     |
| NATIVE H   | HAWAIIAN/OT   | HER PA | ACIFIC ISLA | NDER:  |     |          |   |           | ALL OTHE                        | RS:                             |  |                     |
| AMERICA  | AMERICAN INDIAN/ALASKAN NATIVE & WHITE:   |        |             |        |     |          |   |           |                                 |                                 |  |                     |

#### FY-2005 APPLICATION: FORM R(h) – LMI SURVEY INSTRUMENT (Housing Rehab Projects), Page 2 of 2

| 6. DO YOU OWN OR RENT YOUR DWELLING?  |  | 7. UNIT OCCUPIED FOR AT LEAST 6 MONTHS OUT OF THE YEAR?                      |                 |                       |  |  |  |
|---|--|--|-----------------|-----------------------|--|--|--|
| 8. ARE YOU A LOCAL ELECTED OFFICIAL?  | res 🗖 No   | 8. YEAR HOUSE BUILT:  Before 1950 Before 1978                                |                 |                       |  |  |  |
| 10a. TYPE OF STRUCTURE?   | or Mobile Home   | ☐ Single Family  | Home            | uplex                 |  |  |  |
| 10b. IF MORE THAN TWO UNITS IN STRUCTURE, S   | PECIFY NUMBER  | OF UNITS:  |                 |                       |  |  |  |
| 11. TYPE OF FOUNDATION FOR HOUSE?  Piers Stone  | ☐ Brick  | <b>—</b> 0t DI   | 🗖 s             | Deverage Operando     |  |  |  |
| Piers Stone  12. IF THE CITY WAS AWARDED A CDBG NEIGHB  |  | Cement BI  |                 | Poured Concrete       |  |  |  |
| ASSISTANCE TO REPAIR YOUR HOME, IF YOU  |  |  | OLD TOO BE INTE | KEOTED III KEOLIVIIIO |  |  |  |
| 13. THE FOLLOWING MAJOR DEFECTS EXIST IN MY HOME: (PUT AN "X" IN THE BOXES THAT APPLY, PROVIDE YOUR BEST GUESS ON COST, EVEN IF YOU DON'T KNOW) |  |  |                 |                       |  |  |  |
| DEFECTS   | RE   | REPAIR WILL COST LESS THAN \$1,000 REPAIR WILL COST GREATER THAN \$1,000 HOL |                 |                       |  |  |  |
| FOUNDATION  |  |  |                 |                       |  |  |  |
| BASEMENT  |  |  |                 |                       |  |  |  |
| DRAINAGE/GUTTERS  |  |  |                 |                       |  |  |  |
| ELECTRICAL WIRING PANEL BOX , METER AND SE  | RVICE  |  |                 |                       |  |  |  |
| HEATING SYSTEM, INCLUDING GAS LINES   |  |  |                 |                       |  |  |  |
| ROOF  |  |  |                 |                       |  |  |  |
| ATTIC OR WALL INSULATION  |  |  |                 |                       |  |  |  |
| FLOORS  |  |  |                 |                       |  |  |  |
| FLOOR COVERING IF EXTREMELY WORN AND UNS  | SAFE   |  |                 |                       |  |  |  |
| SIDING DETERIORATED/LEAD-BASED PAINT  |  |  |                 |                       |  |  |  |
| PEELING PAINT   |  |  |                 |                       |  |  |  |
| CEILINGS  |  |  |                 |                       |  |  |  |
| MORE THAN TWO PERSONS PER BEDROOM   |  |  |                 |                       |  |  |  |
| WINDOWS   |  |  |                 |                       |  |  |  |
| STORM WINDOWS   |  |  |                 |                       |  |  |  |
| BATHROOM - TOILET, BATHTUB, SINK  |  |  |                 |                       |  |  |  |
| KITCHEN SINK AND PLUMBING   |  |  |                 |                       |  |  |  |
| SEWER LINES   |  |  |                 |                       |  |  |  |
| WATER LINES   |  |  |                 |                       |  |  |  |
| DOORS AND STORMDOORS  |  |  |                 |                       |  |  |  |
| KITCHEN - STOVE, REFRIGERATOR   |  |  |                 |                       |  |  |  |
| ACCESSIBILITY FOR HANIDICAPPED  |  |  |                 |                       |  |  |  |
| ASBESTOS  |  |  |                 |                       |  |  |  |
| 14. OTHER SERVICES NEEDED (CHECK ALL THAT APPLY)  |  |  |                 |                       |  |  |  |
| ☐ CHILDCARE   | ☐ CHILDCARE ☐ AFTER SCHOOL PROGRAMS ☐ COMPUTER ACCESS PROGRAMS |  |                 |                       |  |  |  |
| ☐ NEIGHBORHOOD WATCH  | ☐ EMPLOYMEN  | NT TRAINING  | CONSTI          | RUCTION TRADE         |  |  |  |
| BUDGET/FINANCIAL  | HOME MAINTEN   | <u> </u>   | ☐ TRANSF        | PORTATION TO WORK,    |  |  |  |
| COUNSELING CLASS  | COUNSELING   | G  | COLLEGE, 0      | OR TRADE SCHOOL       |  |  |  |
| SIGNATURE (OPTIONAL)  |  |  |                 |                       |  |  |  |
| ADDRESS   |  | DA   | TE              |                       |  |  |  |



# MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM FY-2005 APPLICATION: FORM S – SURVEY TABULATION SHEET

#### (MUST BE SUBMITTED WITH APPLICATION, IF SURVEY CONDUCTED)

| FAMILY SIZE   | LI               | ИІ           |                  | NON              | то      | TOTAL   |          |          |  |
|---|------------------|--------------|------------------|------------------|---------|---------|----------|----------|--|
| PAWILT SIZE   | FAMILIES         | PERSONS      |                  | FAMILIES         | PI      | ERSONS  | FAMILIES | PERSONS  |  |
| ONE PERSON  |                  |              |                  |                  |         |         |          |          |  |
| TWO PERSONS   |                  |              |                  |                  |         |         |          |          |  |
| THREE PERSONS   |                  |              |                  |                  |         |         |          |          |  |
| FOUR PERSONS  |                  |              |                  |                  |         |         |          |          |  |
| FIVE PERSONS  |                  |              |                  |                  |         |         |          |          |  |
| SIX PERSONS   |                  |              |                  |                  |         |         |          |          |  |
| SEVEN PERSONS   |                  |              |                  |                  |         |         |          |          |  |
| EIGHT PERSONS   |                  |              |                  |                  |         |         |          |          |  |
| TOTAL   |                  |              |                  |                  |         |         |          |          |  |
| 1. NUMBER OF SURVEYS DISTRIBUTED:   |                  |              |                  |                  |         |         |          |          |  |
| 2. NUMBER OF SURVE  | YS RETURNED:     |              |                  |                  |         |         |          |          |  |
| 3. SURVEY RESPONSE  | RATE (2 DIVIDE   | D BY 1):     |                  |                  |         |         |          |          |  |
| 4. LMI PERCENT FROM   | SURVEY:          | FAM          | ILIES:           | :                |         |         | PERSONS: |          |  |
| 5(a). DATA FROM SURV  | /EY (EXTRAPOLA   | TE TO 100%): |                  | 1                |         |         | <u> </u> |          |  |
| A. HISPANIC OR LATIN  | O:               |              |                  | PERCENT:         |         |         | NUMBER:  |          |  |
| B. NOT HISPANIC OR L  |                  |              |                  | PERCENT:         |         |         | NUMBER:  |          |  |
| 5(b). DATA FROM SURV  | /EY (EXTRAPOLA   | TE TO 100%): |                  |                  |         | 1       | 1        | 1        |  |
|   |                  |              |                  |                  |         |         | TOTAL    | HISPANIC |  |
| A. WHITE:   |                  |              | PERCENT:         |                  | NUMBER: |         |          |          |  |
| B. BLACK/AFRICAN AM   | ERICAN:          |              | PERCENT:         |                  | NUMBER: |         |          |          |  |
| C. ASIAN:   |                  |              | PERCENT:         |                  | NUMBER: |         |          |          |  |
| D. AMERICAN INDIAN //   | ALASKA NATIVE    |              | PE               | RCENT:           |         | NUMBER: |          |          |  |
| E. NATIVE HAWAIIAN/O  | THER PACIFIC IS  | SLANDER      | PE               | PERCENT: NUMB    |         |         |          |          |  |
| F. AMERICAN INDIAN/A  | LASKAN NATIVE    | & WHITE      | PERCENT: NUMBER: |                  |         | NUMBER: |          |          |  |
| G. ASIAN/WHITE  |                  |              | PERCENT: NUMBER: |                  |         | NUMBER: |          |          |  |
| H. BLACK/AFRICAN AM   | ERICAN & WHITE   |              | PE               | PERCENT: NUMBER: |         |         |          |          |  |
| I. AM. INDIAN/ALASKAN   | I NATIVE & BLACI | K/AFRICAN AM | PE               | PERCENT NUMBER   |         |         |          |          |  |
| J. ASIAN & NATIVE HAV<br>ISLANDER   | VAIIAN/OTHER PA  | ACIFIC       |                  |                  |         |         |          |          |  |
| K. OTHER MULTI-RACIAL   |                  |              |                  | RCENT            |         | NUBMER  |          |          |  |
| L. ELDERLY/AGE 62 OR OLDER  |                  |              | PE               | RCENT            |         | NUMBER  |          |          |  |
| M. HANDICAPPED/DISABLED   |                  |              |                  | PERCENT NUMBE    |         | NUMBER  |          |          |  |
| N. FEMALE HEAD OF HOUSEHOLD PERCENT   |                  |              |                  |                  |         | NUMBER  |          |          |  |
| NOTE: PERSONS FALLING WITHIN CATEGORIES A,B, AND C SHOULD ALSO BE COUNTED IN CATEGORIES D THROUGH H.  |                  |              |                  |                  |         |         |          |          |  |
| 6. DISCUSS, IN DETAIL METHOD OF CODING, A   |                  |              |                  |                  |         |         |          |          |  |
| 7. HOW MANY LMI HOUSEHOLDS IN THE PROJECT AREA HAVE INDICATED IN WRITING THEIR INTENT TO PARTICIPATE IN THIS PROPOSED PROJECT? Persons Households |                  |              |                  |                  |         |         |          |          |  |



# MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

FY-2005 APPLICATION: FORM T(PFP) - PARTICIPATION AGREEMENT

#### THIS FORM IS ONLY APPLICABLE TO DOWNTOWN REVITALIZATION APPLICATIONS

## PARTICIPATION AGREEMENT for <u>Private</u>, <u>For-Profit Cash Contributions</u> (funds intended to count toward required \$1 - \$1 match)

| Business Name:     |   | Applicant (0   | City or County):   |   |                   |  |
|--------------------|---|--|--|---|-------------------|--|
| app<br>imp<br>inve | olied for in CDBG funds. The  | e capital investments are typ<br>erties scheduled in conjunct<br>fit company must provide th   | ically counted by pa<br>tion with the city's pre<br>eir commitment in w                            | t cash investment for every dol<br>irticipating businesses making<br>roject. In order to count these<br>rriting. This Participation                               | llar              |  |
| арр                |   |  |  | ssisted project, as proposed in<br>reby certifies and agrees to the   |                   |  |
| 1.                 | Business certifies that exper<br>commitment from DED, and<br>Business also certifies that it  | in private capital investment<br>inditure of these dedicated for<br>I completion of the environment<br>its portion of the Project must<br>be Business agrees to provid | ats for the Project, as<br>unds will not (or did<br>nental review proces<br>st be completed before | s identified in the Application. not) commence prior to   |                   |  |
| 2.                 | 2. Accuracy: The Business has reviewed the entire Application, including all attachments, except for information that pertains to other businesses that may be included, and hereby certifies that all information that relates to the Business is true and accurate, and can be verified upon request by proper officials of DEI or the Applicant. |  |  |   |                   |  |
| 3.                 | officials of DED, the Applica   | int, and HUD in order to veri<br>s Agreement. "Reasonable  | fy information submaccess" shall be co   | nsidered access during normal   | l                 |  |
| 4.                 | from persons classified as L<br>until the business has reach<br>commencement of the proje   | .MI as defined by HUD for the ned projected full employme ect, whichever is first. The Eadequate documentation of  | ne CDBG program.<br>nt, as identified in th<br>Business also agrees                                | d as a result of the Project will This requirement shall be in ef the Application or two years afters to survey new employees for creation to the Applicant and I | ffect<br>r<br>LMI |  |
|                    |   | eation. If the application fal s not applicable to the partic  | ls under area-wide l<br>cipating businesses.   |   |                   |  |
|                    |   | Initial for applicability  | Initial for non  | -applicability  |                   |  |
| 5.                 |   | d in this Application, in addi<br>of the Project, unless an unf  | tion to the number o   | new full-time equivalent, of current employees within 24 event occurs. Two permanent  |                   |  |
|                    | The above <b>Job Creation</b> se<br>Objective requirements thro<br>Slum and Blight, then this pa  | ugh job creation. If the app aragraph is not applicable to   | lication falls under a<br>the participating bu   | rea-wide LMI or Elimination of usinesses.   |                   |  |
|                    |   | Initial for applicability  |  | •• •  |                   |  |
| 6.                 | <b>EEO/Civil Rights:</b> The Bus and procedures as applicab characteristics of each job a   | le to the CDBG program. T  | he Business also ag  | t opportunity and civil rights law<br>grees to track the ethnicity  | vs                |  |

The above **EEO/Civil Rights** section is only applicable when communities are meeting the HUD National

|           |               | jective requirements through job creation.  If the applicatio<br>ım and Blight, then this paragraph is not applicable to the p  |  |  |  |  |  |  |  |  |
|-----------|---------------|---|--|--|--|--|--|--|--|--|
|           | 0.0           | Initial for applicability   | •  |  |  |  |  |  |  |  |
| 7.        | Pe            | nalties: The penalties for non-compliance with this agree   |  |  |  |  |  |  |  |  |
|           |               | <b>a. Job Creation:</b> For every new job less than the number stated in item 5 of this agreement, which is not created by the Business within 24 months (or longer period as authorized by DED in writing) after commencement of the Project, the company agrees to provide, within 60 days of written notice by DED, penalties of \$10,000 plus 10% interest accrued from the time CDBG funds were received by the Applicant. DED, at its discretion, may require only a portion of the full penalty if the company experience an unforeseen economic event, as herein defined. If so, DED may prorate the penalty based upon the actual jobs created.  |  |  |  |  |  |  |  |  |
|           |               | The above <b>Job Creation</b> section is only applicable when Objective requirements through job creation. If the applic Slum and Blight, then this paragraph is not applicable to  | cation falls under area-wide LMI or Elimination of |  |  |  |  |  |  |  |
|           |               | Initial for applicability   | _Initial for non-applicability                     |  |  |  |  |  |  |  |
|           | b.            | <b>LMI Benefit:</b> In the event the Business(es) fail(s) to comherein, the Applicant agrees to provide, within 60 days of 100% of the CDBG funds provided for the Project, plus 1 were received by the Applicant.  | written notice by DED, an amount equal to          |  |  |  |  |  |  |  |
|           |               | The above <b>LMI Benefit</b> section is only applicable when considering objective requirements through job creation. If the applicable slum and Blight, then this paragraph is not applicable to the section of the constant of th | cation falls under area-wide LMI or Elimination of |  |  |  |  |  |  |  |
|           |               | Initial for applicability   | _Initial for non-applicability                     |  |  |  |  |  |  |  |
| 8.        |               | <b>tch requirements:</b> Failure of the business to provide doc<br>ject shall result in a reduction of the CDBG funds equal to  |  |  |  |  |  |  |  |  |
| 9.        | bel<br>pro    | <b>oper Authorization:</b> The Business, and the officer or reprinalf, has entered into this agreement with the full knowledgeper procedures prescribed by articles of incorporation, paracuments.  | ge and authorization of the Business under         |  |  |  |  |  |  |  |
|           | mis           | e persons involved in authorization of this agreement here<br>srepresentation of fact is a Class A misdemeanor, in additi-<br>ein.  |  |  |  |  |  |  |  |  |
| Sig       | natı          | ure, Chief Business Official  | Title  |  |  |  |  |  |  |  |
| Ту        | oed           | Name  | Date   |  |  |  |  |  |  |  |
| On        | this          | day of, 20, before me, Public, personally appeared,   | , a  |  |  |  |  |  |  |  |
| No<br>exe | tary<br>ecute | Public, personally appeared,ed this agreement.  | , known to me to be the person who                 |  |  |  |  |  |  |  |
|           |               | Public nmission expires on  |  |  |  |  |  |  |  |  |
| (Af       | fix S         | Seal Here)  |  |  |  |  |  |  |  |  |
| Sig       | ınatı         | ure, Chief Elected Official   | Title  |  |  |  |  |  |  |  |
| Ту        | oed           | Name  | Date   |  |  |  |  |  |  |  |
| (Af       | fix S         | eal Here)   |  |  |  |  |  |  |  |  |



# MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

FY-2005 APPLICATION: FORM T(NFP) - - PARTICIPATION AGREEMENT

#### THIS FORM IS ONLY APPLICABLE TO DOWNTOWN REVITALIZATION APPLICATIONS

# PARTICIPATION AGREEMENT <u>for Not-for-Profit Cash Contributions</u> (funds intended to increase scoring in application)

| No                       | t for Profit Name: Applicant (City or County):   |  |  |  |  |  |  |
|--------------------------|--|--|--|--|--|--|--|
| inv<br>pro<br>req<br>cap | e CDBG Downtown Revitalization category offers additional points in the scoring of applications for estments made by not-for-profit entities. These capital investments are typically made as improvements to perties owned in the project area by the not-for-profit entity. Although these investments cannot count as the juired match, the applicant can score additional points for this type of participation. In order to count these bital investments, the not-for-profit must provide their commitment in writing. This Participation Agreement, en executed by the not-for-profit, serves that purpose. |  |  |  |  |  |  |
| this                     | consideration of the benefits to be derived by the not-for-profit from the CDBG-assisted project, as proposed in application, the above named Not-for-Profit, hereafter referred to as "NFP", hereby certifies and agrees to the owing:  |  |  |  |  |  |  |
| 1.                       | 1. Capital Expenditures: The NFP agrees to provide, at a minimum, \$ in capit expenditures for the Project, as identified in the Application. The NFP certifies that such capital expenditu will not (or did not) commence prior to commitment from DED, and completion of the environmental review process, with DED approval. The NFP also certifies that its portion of the Project must be completed befor at the same time as the CDBG-funded activities. The NFP agrees to provide adequate documentation the expenditure of such capital expenditures to the Applicant and DED.                             |  |  |  |  |  |  |
| 2.                       | <b>Accuracy:</b> The NFP has reviewed the entire Application, including all attachments, except for information that pertains to other businesses that may be included, and hereby certifies that all information that relates to the NFP is true and accurate, and can be verified upon request by proper officials of DED or the Applicant.  |  |  |  |  |  |  |
| 3.                       | <b>Access to Records:</b> The NFP agrees to provide reasonable access to business records by proper officials of DED, the Applicant, and HUD in order to verify information submitted in this Application and requirements set forth in this Agreement. "Reasonable access" shall be considered access during normal business hours with at least three days notice by DED, HUD, or the Applicant.   |  |  |  |  |  |  |
| 4.                       | <b>Penalties:</b> The NFP understands that their participation may result in additional scoring in a competitive process. The NFP also understands that the CDBG program evaluates future applications from communities in part by their performance on previous projects. Therefore, the NFP understands that any commitments made and not honored may adversely affect future CDBG participation in the sponsoring community.  |  |  |  |  |  |  |
| 5.                       | <b>Proper Authorization:</b> The NFP, and the officer or representative who signs below on the NFP's behalf, has entered into this agreement with the full knowledge and authorization of the NFP under proper procedures prescribed by articles of incorporation, partnership agreements, or other applicable documents.  |  |  |  |  |  |  |
|                          | The persons involved in authorization of this agreement hereby certify that they are aware that intentional misrepresentation of fact is a Class A misdemeanor, in addition to the non-compliance penalties as described herein.   |  |  |  |  |  |  |
| <br>Sig                  | nature, Chief Business Official Title  |  |  |  |  |  |  |
|                          |  |  |  |  |  |  |  |
| Тур                      | ped Name Date  |  |  |  |  |  |  |

| On this day of<br>Notary Public, personally appeared, | , 20 | , before me, | , a                                |
|---|------|--------------|------------------------------------|
| executed this agreement.                              |      |              | , known to me to be the person who |
| exceeded the agreement.                               |      |              |                                    |
| Notary Public   |      |              |                                    |
| My commission expires on                              |      |              |                                    |
| (Affix Seal Here)                                     |      |              |                                    |
|   |      |              |                                    |
| Signature, Chief Elected Official                     |      | Title        |                                    |
|   |      |              |                                    |
| Typed Name  |      | Date         |                                    |
| (Affix Seal Here)                                     |      |              |                                    |



# MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM FY-2005 APPLICATION: FORM T(In Kind) - - PARTICIPATION AGREEMENT

#### THIS FORM IS ONLY APPLICABLE TO DOWNTOWN REVITALIZATION APPLICATIONS

|                           | PARTICIPATION AGREEMENT for Property Owner   | with NON-CASH IN-KIND contributions   |  |  |
|---------------------------|--|---|--|--|
| Property owner: Applicant |  | or County):   |  |  |
| ow<br>inv                 | The CDBG Downtown Revitalization category offers additional powners located in the project area who are acknowledged suppinvestments. These supporters may dedicate in-kind activities. The supporting property owner, serves to document that in-kind   | orters of the project but are not providing capital<br>This Participation Agreement, when executed by |  |  |
|                           | In consideration of the benefits to be derived by the property ow<br>in this application, the above named property owner, hereby cer   |   |  |  |
| 1.                        | In-kind contributions: The Business/NFP agrees to provie this Downtown Revitalization project:   | de the following in-kind actions as a supporter of  |  |  |
| 2.                        | <ol> <li>Accuracy: The property owner has reviewed the entire Apinformation that pertains to other businesses that may be in that relates to the NFP is true and accurate, and can be ver the Applicant.</li> </ol>  | cluded, and hereby certifies that all information   |  |  |
| 3.                        | <b>Access to Records:</b> The NFP agrees to provide reasonable access to business records by proper officials of DED, the Applicant, and HUD in order to verify information submitted in this Application and requirements set forth in this Agreement. "Reasonable access" shall be considered access during normal business hours with at least three days notice by DED, HUD, or the Applicant.   |   |  |  |
| 4.                        | <b>Penalties:</b> The property owner understands that their participation may result in additional scoring in a competitive process. The property owner also understands that the CDBG program evaluates future applications from communities in part by their performance on previous projects. Therefore, the property owner understands that any commitments made and not honored may adversely affect future CDBG participation in the sponsoring community. |   |  |  |
| 5.                        | 5. Proper Authorization: The property owner and the officer<br>owners behalf, has entered into this agreement with the full<br>owner under proper procedures prescribed by articles of inc<br>applicable documents.  | knowledge and authorization of the property   |  |  |
|                           | The persons involved in authorization of this agreement her misrepresentation of fact is a Class A misdemeanor, in additional herein.  |   |  |  |
| Sig                       | Signature, Property owner of record  |   |  |  |
| Тур                       | Typed Name   | Date  |  |  |

#### SAMPLE AGREEMENT BETWEEN APPLICANT AND SUB-APPLICANT

| Thi  | s Agreement, made and entered into this<br>, hereinafter called the "Application of the control of the | _day of,                   | 20, by and between               |  |  |
|--|---|----------------------------|----------------------------------|--|--|
| "Sı  | ib-applicant."  | ant, and                   | , rieremanter caned the          |  |  |
|  | nereas, the Applicant is applying for a Community Dev<br>Applicant's desire to relinquish certain responsibilities  |                            |                                  |  |  |
|  | ereas, the Sub-applicant will benefit from the grant pro<br>sume these responsibilities;  | oceeds and finds it in the | best interest of both parties to |  |  |
| No   | w, therefore, the parties hereto agree as follows:  |                            |                                  |  |  |
| 1.   | The Sub-applicant shall assume all grant responsibilities listed with the exception of #2 below, which both parties understand cannot be assumed by the Sub-applicant;  |                            |                                  |  |  |
| 2.   | In addition to the above, the Applicant agrees to retain all financial responsibilities of the grant program, with the understanding that all invoices (financial indebtedness) must be paid through the Applicant's established method;  |                            |                                  |  |  |
| 3.   | . Responsibilities not listed on the attached Grant Agreement, but which the Sub-applicant agrees to carry out on behalf of the Applicant, are as follows:  |                            |                                  |  |  |
| _  |   |                            |                                  |  |  |
|  |   |                            |                                  |  |  |
|  |   |                            |                                  |  |  |
|  |   |                            |                                  |  |  |
| The Applicant also acknowledges, as part of this Agreement, that liability for the grant is wholly within its realm and the Sub-applicant hereby assumes responsibility to see that all terms listed herein are met, with the above exceptions. This Agreement shall be valid until successful project completion and grant close-out. |   |                            |                                  |  |  |
| IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and year indicated above.  |   |                            |                                  |  |  |
|  |   |                            |                                  |  |  |
| Ap   | plicant   | Sub-applicant              |                                  |  |  |
| Atte   | est:  | Attest:                    |                                  |  |  |